

# Bureau of Aging and In-Home Services Operations Manual (Revised 2005)

Bureau of Aging and In-Home Services  
January, 2005

# **PART 1**

## **SECTION 1**

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# ACRONYMS AND GLOSSARY



## ACRONYMS

A&D	Aged and Disabled Medicaid Waiver
AAA	Area Agency on Aging
AAC	Area Advisory Council
AARP	American Association of Retired Persons
ACSI	American Customer Satisfaction Index (SCSEP term)
AD/RSD	Alzheimer's Disease and Related Senile Dementia
ADA	Americans with Disabilities Act
ADC	adult day care
ADS	adult day services
ADL	activities of daily living
AD/RSD	Alzheimer's disease and related senile dementia
ADP	alternative disposition plan
AFDC	Aid to Families with Dependent Care
AGS	Adult Guardianship Services
ALJ	administrative law judge
ANHA	American Nursing Home Association
AoA	Administration on Aging
APS	Adult Protective Services
APWA	Aging Public Welfare Association
ARCH	Assistance to Residents in County Homes
ASPA	Aging Service Provider Association
ASU	Administrative Services Unit
AU	autism
BAA	broad agency announcement
BAIHS	Bureau of Aging and In-Home Services
BDDS	Bureau of Developmental Disabilities Services
BID	Bureau Information Directory
BOM	Bureau of Aging and In-Home Services Operations Manual
BQIS	Bureau of Quality Improvement Services
CAA	community action agency
CAAP	Community Action Against Poverty
CFR	Code of Federal Regulations
CHOICE	Community and Home Options to Institutional Care for the Elderly and Disabled
CICOA	Central Indiana Council of Aging
CM	case manager
CMHC	community mental health center
CMS	Centers for Medicare and Medicaid Services or Contract Management System
CRF/DD	Community Residential Facility/Developmentally Disabled
CSMS	Computer Software Management System
CSSU	Client Support Services Unit (Part of the BAIHS)
D&E	Diagnostic and Evaluation
DD	developmental disabilities
DDARS	Division of Disability, Aging, and Rehabilitative Services
DFC	Division of Family and Children

DHHS	Department of Health and Human Services (federal)
DMHA	Division of Mental Health and Addiction
DOL	U.S. Department of Labor
DOT	Department of Transportation
DSM-IV	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , fourth edition
DTS	Department of Technology Services
DWD	Department of Workforce Development
E&A	Evaluation and Assessment
EAP	Energy Assistance Program or Employee Assistance Program
EDS/MARS	Electronic Data Systems/Management and Report System
EMOD	Environmental Modifications
FFP	Federal Financial Participation
FR	Federal Register
FSSA	Family and Social Services Administration
FY	fiscal year
GAAP	Generally Accepted Accounting Procedures
GAO	General Accounting Office
GPRA	Government Performance and Results Act of 1993
GTF AD/RSD	Governor's Task Force (on Alzheimer's Disease and Related Senile Dementia)
HCBS	Home and Community Based Services
HCFA	Health Care Financing Administration
HDM	home-delivered meal (nutrition)
HHS	Department of Health and Human Services
HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
HOP	healthy older people
HUD	Housing and Urban Development
HWSE	housing with services establishment
IAAAA	Indiana Association of Area Agencies on Aging
I&A	information and assistance
IAC	Indiana Administrative Code
IADL	instrumental activities of daily living
IAHSA	Indiana Association of Homes and Services for the Aging
IC	Indiana Code
ICF	intermediate care facility
ICF/MR	intermediate care facility for the mentally retarded
IDEA	Individuals with Disabilities Education Act
IDOA	Indiana Department of Administration
IDETS	Indiana Department of Employment and Training Services
IFF	intrastate funding formula
IHCA	Indiana Health Care Association
IMD	Institution for Mental Diseases
INDOT	Indiana Department of Transportation
INsite	Indiana In-Home Services Information Systems
IPAS	Indiana Pre-Admission Screening (state program)
ISDH	Indiana State Department of Health
IU	International Units (nutrition term)
LD	learning disability
LCE	legal council for the elderly
LOC	level of care
LOS	level of services

LTCA	long term care application
MAW	Medicaid Waiver Program
MCD	Medicaid
MFC	Medically Fragile Children Medical Model Waiver
MI	mentally ill
MNT	Medical Nutrition Therapy
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MPSC	multi-purpose senior center
MR	mental retardation
MR/DD	mentally retarded/developmentally disabled
MRT	Medical Review Team
MSW	Master of Social Work
MSA	metropolitan statistical area
MUA	medically underserved area
MWU	Medicaid Waiver unit
NAAAA	National Association of Area Agencies on Aging
NANASP	National Association of Nutrition and Aging Service Providers
NAPIS	National Aging Program Information System
NASUA	National Association of States Units on Aging
NCEA	National Center on Elder Abuse
NCOA	National Council on Aging
NF	nursing facility
NF LOC	nursing facility level of care
NF LOS	nursing facility level of services
NRTA	National Retired Teachers Association
NSI	Nutrition Screening Initiative
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act
OASDHI	Old Age, Survivors, Disability, and Health Insurance Program
OBRA	Omnibus Budget Reconciliation Act (1987 & 1990)
OMB	Office of Management and Budget (Federal)
OMPP	Office of Medicaid Policy and Planning
OT	Occupational Therapy
PAS	Pre-Admission Screening (first part of federal program PASRR)
PASRR	Pre-Admission Screening/Resident Review
PDF	portable document format
PERS	personal emergency response system
PHI	protected health information
PL	public law
PMU	professional management unit
POC/CCB	plan of care/cost comparison budget
POE	point of entry
PSA	planning and service area
PT	physical therapy
QA	quality assurance
QMRP	qualified mental retardation professional
RBA	Room and Board Assistance

RD	Registered Dietitian
RES	respite care
RFA	request for approval to authorize services
RFI	request for information
RFP	request for proposal
ROM	Regional Office Memorandum
RR	Resident Review (second part of federal PASRR)
RSVP	Retired Senior Volunteer Program
RT	Recreation Therapist
SCSEP	Senior Community Services Employment Program (authorized by Title V of the Older Americans Act)
SCORE	Service Corps of Retired Executives
SFY	State Fiscal Year
SNF	state nursing facility
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSI	Supplemental Security Income
SSDI	Social Security Disability Income
SSN	Social Security number
SS	Social Security
SLD	specific learning disability
SUA	state unit on aging
SW	social work
TA	Technical Assistance
TAG	Technical Assistance Guides
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury Medical Model Waiver
TEGL	Training and Employment Guidance Letters (SCSEP)
TEN	Training and Employment Notices (SCSEP)
Title III	Grants for State and Community Programs for Aging
Title III-B	Supportive Services and Senior Centers
Title III-C	Nutrition Services
Title III-D	Disease Prevention and Health Promotion Services
Title III-E	National Family Caregiver Support Program
Title V	Community Service Employment for Older Americans
Title VII	Allotments for Vulnerable Elder Rights Protection Activities
Title XX	Social Services Block Grant – SSBG
TVP	Textured Vegetable Products (Nutrition Term)
USC	United States Code
USDA	United States Department of Agriculture
USDOL	United States Department of Labor
VR	Vocational Rehabilitation
WHCOA	White House Conference on Aging
WIA	Workforce Investment Act

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## GLOSSARY OF TERMS

- A -

### abuse

Any of the following kinds of mistreatment:

(1) Intentional or willful infliction of physical verbal or demonstrative harm caused by physical touch, oral or written language, or gestures with disparaging or derogatory implications.

(2) Any necessary physical or chemical restraints or isolation not found in the care plan.

(3) Punishment with resulting physical harm or pain.

(4) Sexual molestation, rape, sexual misconduct, sexual coercion, and sexual exploitation.

(5) Any harm caused by:

- (A) unreasonable confinement;
- (B) intimidation;
- (C) humiliation;
- (D) harrassment;
- (E) threats of punishment;
- (F) deprivation;
- (G) neglect; or
- (H) physical or financial exploitation.<sup>1</sup>

### access

The availability and ability to obtain needed services and assistance.

### access services

A category of services that provide information concerning public and voluntary services and linkage to appropriate community resources through case management, information and assistance, and outreach.

### Acquired immunodeficiency syndrome (AIDS)

A viral disease that impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of life-threatening diseases that would not ordinarily threaten a person whose immune system is working normally. The AIDS virus is transmitted in at least four ways: (1) through sexual contact, (2) by sharing an infected hypodermic needle, (3) by receiving AIDS-infected blood or blood products through transfusion or injection, and (4) by an infected mother transmitting AIDS to her baby during pregnancy, during delivery, or from breast feeding.

act — see *Older Americans Act*

### active treatment

In referring to persons who are mentally ill or mentally retarded, *active treatment* means identifying the social, developmental, intellectual, behavioral, medical, and nutritional strengths and needs of the client; developing a program intended to turn

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<sup>1</sup> 460 IAC 1.1-3-2

the identified strengths and needs into measurable objectives; and implementing an individual written care plan that is reevaluated on a regular basis.

activities of daily living (ADLs)

A measurement of a person's degree of independence when eating, bathing, dressing, and moving from one place to another.

adaptive aids and devices

Controls, appliances, or supplies determined necessary to enable the client to increase his or her ability to function in a home- and community-based setting with independence and physical safety.

Administration on Aging (AoA)

A federal agency established in the Office of the Secretary of Health and Human Services that is headed by the assistant secretary of aging. The AoA is the federal agency responsible for administering the OAA (except for Title V, which is administered by the Department of Labor).

admission date (IPAS and PASRR)

The date that an individual is physically admitted to a NF and an active record is opened for that individual.

adult abuse (Older Americans Act)

The willful infliction by a person of injury, unreasonable confinement, intimidation, cruel punishment, or deprivation of goods or services that is necessary to avoid physical harm, mental anguish, or mental illness of an adult and that results in physical harm, pain, or mental anguish.

adult child with disabilities (Older Americans Act)

A person who is 18 years of age or older, has a disability, and is financially dependent on an older adult who is the person's parent.

adult day services

A structured, comprehensive program that provides a variety of health, social, recreational, and supportive services in a protective setting for persons who require daytime supervision. An alternative between receiving care in the home and care in an institution for persons over 18.

adult foster care services

A living arrangement in which an individual lives in the private home of a principal caregiver who is unrelated to the individual.<sup>1</sup>

Adult Guardianship Services (AGS)

Includes the provision of full guardianships as well as less restrictive alternative services. Adult guardianship services are provided to indigent, incapacitated adults who are unable to care for themselves properly or manage their own affairs without assistance due to certain incapacities. Program services include the identification and evaluation of indigent adults in need of guardianship services through assessment and intensive case work. Individualized service plans are developed to provide the least restrictive type of guardianship or related service for the protected person and to involve them in the planning and decision making to the fullest extent their capabilities allow.

Adult Protective Services (APS)

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<sup>1</sup> 460 IAC 1.1-3-4

Protects adults 18 years of age or older from neglect, battery, and exploitation. It is administered by the BAIHS and implemented by the offices of the prosecuting attorney on the local level. Regional offices investigate reports of suspected abuse as defined in the law. Hoosiers are required by law to report suspected abuse of older adults. Failure to report is a crime.

**advance directives**

Legal tools used for lifetime planning to help persons make decisions for an individual who has become incapacitated and is no longer able to make decisions for him/herself. Examples of advance directives are power of attorney, health care representative, and living-will and life-prolonging procedures declaration.

**advance funds (advances)**

Funds paid to grantees at grant initiation to provide funds for cash flow.

**advisory bodies**

A group, commission, board, council, or task force comprised of persons who share particular interests and provide BAIHS with consultation, counsel, advice, and recommendations regarding specific services, programs, and plans.

**advocacy**

The process by which the needs of older adults are brought to the attention of decision makers at all levels of government, and in private and nonprofit sectors of society, as well. As an instrument for social and policy change, it includes identification of problems and strong support of the best solutions; the formulation of policy issues; policy development; recommendations concerning resource allocation; and analysis of various social trends as they are likely to affect older adults and persons with disabilities. This includes all efforts to promote, obtain, or maintain the rights, services, and benefits of older adults and persons with disabilities.

**advocacy representation**

Actions taken on behalf of an older adult or person with disabilities to secure his or her rights or benefits. It includes receiving, investigating, and working to resolve disputes or complaints. Advocacy representation does not include services provided by an attorney or a person under the supervision of an attorney.

**advocate**

A person who assists an individual with decision making and self determination; and is chosen by the individual or the individual's legal representative, if applicable. An advocate is not a legal representative unless legally appointed.<sup>1</sup>

**Aged and Disabled Medicaid Waiver**

A Medicaid-funded program that provides services to persons 65 years of age or older and/or to persons who meet Medicaid disability guidelines. Aged and Disabled Waiver services provide quality in-home care to Medicaid-eligible individuals who require the level of care found in a NF and are at risk of institutionalization.

**ageism**

Discrimination against people on the grounds of age, specifically discrimination against older adults.

**aging network**

A term used to describe the entire system providing services to older adult

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<sup>1</sup> 460 IAC 1.1-3-6

The aging network includes state agencies, AAAs, the Administration on Aging, and advocacy groups and organizations that are providers of direct services to older adults receiving funds from the OAA.

alcoholism

A chronic disease in which repeated episodes of drinking alcoholic beverages cause injury to the individual's health, social functioning, or economic well-being. Alcohol impairs mental alertness, judgment, and physical coordination, further increasing the risk of falls and accidents already common among older adults. Alcohol can also produce a wide range of side effects similar to those of prescription and over-the-counter medications.

Alzheimer's disease

A form of dementia that produces severe intellectual deterioration in older adults and is currently considered an irreversible disease.

Alzheimer's Disease and Related Senile Dementia Task Force—also see *disclosure form*

A program funded through a state appropriation to provide education, and/or training to caregivers, professionals, paraprofessionals, students, teachers, and the general public on AD/RSD.

American Association of Retired Persons (AARP)

A national organization that represents special interests and issues affecting older adults in state and national legislation. AARP also produces publications and educational programs concerning specific aging issues, administers a volunteer talent bank, and sponsors a network of AARP community service projects.

Americans with Disabilities Act (ADA)

Federal legislation passed in 1990 designed to address and eliminate discrimination faced by people with disabilities. The Act is divided into the following five titles that provide for equal opportunities and access:

Title I states that no covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to any terms, conditions, and privileges of employment.

Title II prohibits discriminating against or excluding a qualified person with a disability, by reason of the disability, from participation in or denying benefits of the services, programs, or activities of a public entity.

Title III prohibits discrimination with respect to public accommodations by private entities.

Title IV requires common carriers, as defined under the Communications Act of 1934, to provide telecommunication relay services.

Title V contains miscellaneous provisions and enforcement policies.

Annual Report (BAIHS)

The BAIHS annual report which reports on the progress and accomplishments of the BAIHS. (See IC 12-10-10-11)

annual review

A review of an individual's services that may include the following: visits and/or conversations with the individual, family or advocate, and service providers; assessment of skills; and a review of available documentation of an individual's



progress on goals and objectives or other report.

appeal

An administrative procedure in which an older adult or person with disabilities may seek to reverse or change a decision or denial regarding their eligibility for services.

application

The act of requesting a screening or assessment to comply with program mandates. The written or printed form on which the request is made.

applicant (BAIHS)

a natural person or entity who applies to the BAIHS for approval to provide one or more home and community based services.<sup>1</sup>

Area Advisory Council (AAC)

Each area agency has an advisory council that carries out advisory functions to further the area agency's mission of developing and coordinating community-based systems of service for older adults in the agency's PSA.

Area Agencies on Aging (AAAs)

An established network of independent agencies that provide services to older adults and persons with disabilities through the use of funds provided by various federal, state, and local sources. Each area agency is the local leader in regards to all aging issues for older adults in their designated planning and service area (PSA).

area plan

Each area agency must develop and prepare a 1 to 4 -year area plan with adjustments to be made on an annual basis. The area plan, if approved by the BAIHS, serves as the basis of agreement between the BAIHS and the area agency. The area plan must outline and include certain assurances and provisions regarding services and recipients of services funded with OAA (Title III) funds and all other funding sources. The area plan must meet the requirements of the area plan format provided to the area agencies by the BAIHS.

assessment screening

Standard examinations, procedures, or tests for the purpose of gathering information about a person to determine need and/or eligibility for services.

Assistance to Residents in County Homes (ARCH)—see *Residential Care Assistance Program*

assisted living

A program approach within a prescribed physical structure, which provides or coordinates a range of supportive personal and health services, available on a 24 hour basis, for support of resident independence in a residential setting. Assisted living promotes and supports resident self-direction in decisions that emphasize choice, dignity, privacy, individuality and independence in home-like surroundings.

assistive technology

Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and to address the barriers confronted by older adults with functional limitations and persons with disabilities.

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<sup>1</sup> 460 IAC 1.1-3-8

(a) A term used to indicate that an older adult or person with disabilities is vulnerable or susceptible to serious illness or harm due to the person's mental, physical, or social condition and is in need of supportive services or placement.

(b) A common medical term used by geriatricians to indicate that older people, especially frail older adults, are susceptible to periods of confusion when placed under physical or mental stress.

**attendant care**

A service necessitated by a client's physical or mental impairment. Such services primarily involve hands-on assistance with a client's physical-dependency needs. These maintenance or supportive services are furnished in the home of frail or impaired persons to ensure health and safety and are defined in the plan of care.

**attorney for proposed protected person (Guardianship term)**

An attorney who represents the protected person and the protected person's wishes in a guardianship case. A protected person is a person who has been declared incapacitated and in need of a guardian by the court.

**autism**

A condition that starts in infancy or childhood (prior to age 36 months) and is characterized by an impairment in reciprocal socialization skills, impairment in verbal and nonverbal communication skills and imaginative activity, and/or a noticeably restricted repertoire of activities and interests.

**Autism Medicaid Waiver**

A Medicaid program that serves clients who have a diagnosis of autism and require a level of care equivalent to that provided in an ICF/MR facility. The Autism Waiver may provide for services such as case management, respite care, speech therapy, and habilitation.

- B -

**bid guarantee**

A firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, if its bid is accepted, execute the required contractual documents within the time specified.

**Bill Payer Services**

A component of the Money Management Program. It is a financial protective service program that assists lower-income older adults or persons with disabilities who have difficulty with budgeting, keeping track of financial matters, and paying routine bills. The Bill Payer Program is administered by the BAIHS.

**blind**

(a) A central visual acuity of 20/200 or less in the individual's better eye with the best correction; or

(b) a field of vision that is not greater than 20 degrees at its widest diameter.

**bond (Guardianship term)**

Required by the court in many states to ensure a guardian will faithfully discharge the duties of a guardian of the person/or estate of the protected person. The bond is

fixed by the court in an amount sufficient to protect the person's property, estate, and creditors.

**budget**

Financial plan of operation applicable to a specific time period, as required by statute or regulation, that includes authorized expenditures and anticipated revenues. The purpose of a budget is to keep expenditures within available resources.

**Bureau of Aging and In-Home Services (BAIHS)**

The BAIHS is the State's Unit on Aging and one of the entities of DDARS, within the Family and Social Services Administration.

(a) The BAIHS is the principal agency in Indiana responsible for the implementation of the OAA. It is the focal point for all matters relating to the needs of older persons within the state of Indiana and the lead advocate for older Hoosiers in planning, coordinating, funding, and evaluating programs and administering the resources and programs it is responsible for through federal and state legislation.

(b) In addition, the BAIHS manages and coordinates a comprehensive in-home services program for older adults and persons of all ages with disabilities who are at risk of losing their independence. It uses available federal, state, and local resources to ensure that, within funding capabilities, eligible older adults and persons of all ages with disabilities are able to remain in their homes as long as possible, while enhancing their sense of dignity and worth.

**Bureau of Developmental Disabilities Field Service Office (IPAS and PASRR term)**

The locally based entity that is staffed by field services coordinators. There are 8 BDDS field offices located statewide.

**Bureau of Developmental Disabilities Field Service Coordinator (IPAS and PASRR term)**

An individual employed by the BDDS Field Service Office who is responsible for assisting in assessing service needs for MR/DD individuals, providing case management of services, and offering the PASRR residential alternative.

**Bureau of Developmental Disabilities Services (BDDS)**

The entity within DDARS that is responsible for defining, funding and monitoring a variety of supported living services for individuals who have developmental disabilities and who reside in Indiana.

**Bureau of Fiscal Services (BFS)**

Supports all DDARS operations with budget, fiscal, and contract management.

**Bureau of Quality Improvement Services (BQIS)**

Continually assesses the quality of services of the three program bureaus and recommends improvements

- C -

**caregiver**

An individual who has the responsibility for the care of an individual voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.

**care plan (also called *plan of care*)**

A plan written by the case manager, from the comprehensive assessment, to establish supports and strategies intended to accomplish the individual's long term

and short term goals by accommodating the financial and human resources offered, as well as behavioral-related assistance to the individual through paid provider services or volunteer services or both, as designed and agreed upon by the individual.<sup>1</sup>

**caretaker (Older Americans Act)**

A family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) uncompensated care to an individual who needs supportive services.

**case cap**

An established maximum number of units or dollar level that the total cost of the services to be provided under the care plan cannot exceed.

**case management services**

Services that enable an individual to receive a full range of appropriate services in a planned coordinated efficient and effective manner including but not limited to, an appropriate, complete, accurate and comprehensive assessment.<sup>2</sup>

**case manager**

An employee of an area agency, a private case-management agency, or an independently employed person who provides case management.

**catchments area**

Refers to the geographic area from which a particular program, agency or facility draws the bulk of its users.

**categorically needy**

Medicaid cases of aged, blind, or disabled individuals or families and children eligible for Medicaid who meet financial-eligibility requirements for Aid to Families with Dependent Children (AFDC) or SSI.

**certification**

Certification enables the service provider to receive payments from a government funding source such as CHOICE or Title III funding. Certification may also be within the scope and range of other staff unconnected with licensing. Licensing is decided by each state. A license allows a service provider to operate. Licensing staff may evaluate a service provider for licensing and certification separately.

**child**

As used in Title III-E of the OAA with respect to the National Family Caregiver Support Program, means an individual who is not more than 18 years old.

**Claim**

(a) With respect to an incapacitated person or a minor, any liability of the incapacitated person or minor—whether arising in contract, tort, or otherwise—and any liability against an incapacitated person's or a minor's property that arises before, at, or after the appointment of a guardian, including expenses of administration.

(b) A document or form used to submit for payment for services.

**client**

A term used to describe an individual who resides in Indiana and had submitted an application to the local AAA for services, is receiving services provided through case

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<sup>1</sup> 460 IAC 1.1-3-17

<sup>2</sup> 460 IAC 1.1-3-18

management originating from the area agency, or has applied for and/or is receiving social services.

Code of Federal Regulations

Found in the Federal Register published by the Department of Health and Human Services, Offices of Human development and Administration on Aging.

co-insurance

The share paid by the patient for Medicare-covered services above the deductible amount set by Medicare.

Commission on Aging (IC 12-10-2)

A 16-member advisory group appointed by the Governor to do the following: to encourage study and discussion of issues relating to the aging and the aged; to promote the organization of and to officially recognize voluntary councils for the study and discussion of problems of the aging and the aged; and to assist BAILS in the development of a comprehensive plan to meet the needs of older adults.

Community Action against Poverty (CAP)

A statewide program providing local services and advocacy not otherwise provided by state agencies to Indiana's disadvantaged, elderly, and disabled. Services include recreation and employment training; access to medical services; home energy assistance; weatherization; Head Start; emergency food and shelter; and transportation.

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program (authorized by Indiana Code 12-10-10)

CHOICE provides case management services, assessment, and in-home and community service to adults who are at least 60 years of age or persons of any age who have a disability due to a mental or physical impairment and who are found to be at risk of losing their independence. CHOICE is the funding of last resort for in-home and community based services. Accordingly, CHOICE funding shall be used after all other possible payment sources have been identified and all reasonable efforts have been employed to utilize those sources (including services under Medicaid and Medicaid waivers.)

community health center (also known as *neighborhood health center*)

An ambulatory health-care program, usually serving a catchments area with scarce or non-existent health services or a population with special health needs. Community health centers attempt to coordinate federal, state, and local resources in a single organization capable of delivering both health care and related social services to a defined population.

Community mental health center (CMHC)

A locally based service agency designated by the Division of Mental Health authority to receive money, provide mental health services, and act within the parameters of a CMHC defined within the Federal Mental Health Act. A CMHC liaison (IPAS and PASRR term) is the individual employed by the CMHC who is designated to perform Level II assessments for mentally ill persons and to act as an intermediary within the mental health system on behalf of these programs.

community service (Title V term)

Employment assignments in social, health, welfare, and educational services for

eligible individuals enrolled in the OACSEP.

community services

Services provided within the home or community rather than in an institutional setting.

comprehensive care facility (IPAS and PASRR term)

Also referred to as *health facility*, *nursing facility*, or *nursing home*. An institutional setting licensed under IC 16-10-4 by the Department of Health, Division of Long Term Care, to provide comprehensive nursing care, room, food, laundry, administration of medications, special diets, and treatments, and that may provide rehabilitative and restorative therapies under the order of an attending physician. Comprehensive care facilities may be private only, Medicare certified, or Medicare/Medicaid certified. For purposes of IPAS and PASRR, the terms *nursing facility* and *comprehensive care* do not include an ICF/MR or facilities licensed for residential care.

comprehensive and coordinated system (Older Americans Act)

A system for providing all necessary supportive services, including nutrition services, in a manner designed to:

- (A) facilitate accessibility to and utilization of all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
- (B) develop and make the most efficient use of supporting services and nutrition services in meeting the needs of older individuals;
- (C) use available resources efficiently and with a minimum of duplication; and
- (D) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

Computer Software Management System

A computer application used by the Bureau of Aging and In-Homes Services to gather and organize data on clients receiving in-home and community-based services.

conflict of interest

A conflict between the public obligations and the private interests of an official. In order to establish uniform guidelines within the BAIHS and within the area agencies and to avoid giving preferential/favorable treatment, the hiring of family members is restricted or is not allowed.

congregate meals (Older Americans Act)

A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all the requirements of the Older Americans Act and State/Local laws.

continuing-care retirement center (CCRC)

A life-care multi-level living arrangement consisting of several settings intended to meet an individual's needs at various stages of life that usually includes individual dwellings, apartments, or nursing facilities. Parameters of individual care are outlined

and provided in a life-care contract executed between the individual and the CCRC.

continuing education

The compilation and distribution of information on institutions of higher learning within each PSA concerning courses of study offered to older adults and the policies related to fee charges to older adults.

cost share (CHOICE term)

A method of cost reimbursement for those individuals who can pay all or a portion of the cost of services rendered.

County Council on Aging

An organization formed within a county that participates in planning, assessing the needs, and advocating for older adults in their county.

Court

The court having probate jurisdiction and, where the context permits, the court having venue of the guardianship.

- D -

day-care meal

The day-care meal is a meal provided to the client—at least once a day at the adult day-care site—that is nutritionally balanced and provides a minimum of one-third of the current daily recommended dietary allowance (RDA) specified appropriate for the client.

deductible

Specified amount to be paid by a client or patient for covered services before reimbursement begins.

Department of Health and Human Services (DHHS)

The federal agency responsible for implementing all health and human services-related legislation enacted by Congress. It includes such agencies as the AoA, SSA, Food and Drug Administration, and Health Care Financing Administration.

developmental disability

A severe, chronic disability that is attributable to a mental or physical impairment or a combination of mental or physical impairments (other than a sole diagnosis of mental illness). Manifestation occurs before the person attains 22 years of age and is likely to continue indefinitely.

Diagnostic and Evaluation Team (D&E Team—PAS term)

The D&E Team is a group of professionals with different expertise who are responsible for evaluating MR/DD individuals to determine their level of functioning. The D&E Team is responsible for completing the evaluation of an MR/DD individual who is seeking admission to a NF and does not meet the requirements to be exempt from the screening.

diagnostic services

- (a) The provision of coordinated services, including, but not limited to, psychological, social, medical, and other services as necessary to identify the presence of developmental disability, its cause, and complications.
- (b) In physical health, diagnostic services are x-ray, laboratory, and pathology services when such services are directed toward the diagnosis of illness or injury.

direct cost

Those costs that are readily identifiable with a specific contract and program (i.e., salaries, purchases, or services furnished specifically for the program).

direct delivery of services

Services provided directly to an older adult or person with disabilities, by the staff of an AAA, or the BAIHS, in a PSA.

disabled

A person who is incapacitated according to established eligibility criteria. (Different programs have different eligibility criteria.)

disability (Older Americans Act)

The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, physical or mental disabilities” or “physical disabilities” ) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) Self-care (B) Receptive and expressive language, (C) learning, (D) mobility, (H) cognitive functioning, and (I) emotional adjustment.

disbursement

Payments made by either cash or check.

Disease Prevention and Health Promotion Services

Disease Prevention and Health Promotion Services, funded under Title III, Part F of the OAA, provides information, counseling, and services at senior centers, congregate meal sites, and other appropriate sites. In carrying out these services, priority is given to serving those older adults who have the greatest economic need and who are living in areas that are medically underserved.

Disclosure Form—Alzheimer’s and Dementia Special Care

A state-mandated form (IC 12-10-5.5) prepared by a health facility and submitted each December to the BAIHS regarding care provided in a health facility to individuals with Alzheimer’s and dementia. The form discloses the following: the health facility’s mission statement; staff qualifications; assessment criteria for admission, transfer, and discharge, including the process used in preparing and changing a plan of care; an itemization of fees and charges; and guidelines for using physical and chemical restraints. The forms are available upon request.

Disclosure Form—Housing with Services Establishment (HWSE)

A state mandated form (IC 12-10-15) prepared by a HWSE and submitted to the BAIHS after the first resident has signed a contract and after the first resident has moved into the HWSE, annually thereafter, and within 30 days of certain changes or amendments. The form discloses HWSE information regarding the following: the owners and operators; types of living quarters and base rate ranges; services offered and fees charged; contract information; and a complaint procedure. A list of all establishments that filed a disclosure form is available upon request.

Division of Disability, Aging, and Rehabilitative Services (DDARS)

Part of the FSSA within the government of Indiana. It consists of the following entities:

- (a) Blind and Visually Impaired Services
- (b) BAIHS
- (c) BDDS



- (d) BQIS
- (e) Deaf and Hard of Hearing Services (DHHS)
- (f) Disability Determination Bureau
- (g) Vocational Rehabilitation Services

durable power of attorney.

A power of attorney that:

- (a) Is executed by an incapacitated person before that person became an incapacitated person;
- (b) Provides that the power survives the person's incompetence; and
- (c) Is executed in accordance with the effective law in effect in the jurisdiction in which it was executed on the date it was executed.

- E -

economic need

The need resulting from an income level at or below the poverty level as established by the OMB.

elder abuse

Abuse of an older individual.

Eldercare (national campaign)

The AoA sponsored program to establish and promote public and private partnerships that address the needs of the growing population of older persons and their caretakers.

eligibility criteria for in-home services program

Eligibility for in-home services varies and is based on which state or federal funding source is used to pay for services. Eligibility ranges from an individual having to be 60 years of age or older and meeting eligibility for Medicaid to being at risk of losing one's independence.

eligibility determination

The procedure required to establish that an individual or family fulfills the criteria for receiving services based on the need for a service, residency in Indiana, and variables of family size and income.

eligible

A term to describe a client who has been determined to meet the criteria for receiving a service, approved by the BAIHS.

employment counseling

A service that assists eligible persons in obtaining and maintaining employment. (see *Older American Community Service Employment Program*)

encumbrance

A legal claim against an account or program (e.g., a contract, a purchase order, or an unpaid invoice). A reserve of funds set aside for outstanding obligations.

environmental modifications

A physical adaptation to an individual's home without which the individual would

require institutionalization. Environmental modifications may include the following:

- (1) Installation of lifts or ramps
- (2) Installation of grab bars
- (3) Widening of doorways
- (4) Modification of kitchen or bathroom facilities
- (5) Other services specified in Section 6108—Minor Home
- (6) Modifications/Environmental Modifications

**exploitation (Older Americans Act)**

The illegal or improper act or process of an individual, including a caregiver, using the resources of an older adult for monetary or personal benefit, profit, or gain.

**extended care facility (ECF)**

Sub-acute care or non-acute care beds physically located within the confines of an acute-care hospital. These beds are usually used for such purposes as extended recuperative care for hospital inpatients, as a holding bed area for individuals awaiting transfer to a free-standing NF, or for other designated purposes specified by the hospital with approval of the Department of Health. The Indiana Code citations under which these beds are licensed depends primarily on who administers the unit. If the hospital retains full control and administration over the unit, it is usually licensed under IC 16-21-2. However, if the unit operates independently of the hospital administration, either under contract or subcontract to another entity or through another means, it is usually licensed under IC 16-28-2. Licensure under IC 16-10-4 requires compliance with the IPAS requirements.

- F -

**family and caregiver training services**

Training and education to instruct a parent, family member, or primary caregiver in the treatment regimens and use of equipment specified in an individual's care plan. Training to improve the ability of the parent, family member, or primary caregiver to provide care for the individual.<sup>1</sup>

**Family and Social Services Administration (FSSA)**

An Indiana government administration that works with families, children, senior citizens, people with disabilities and people with mental illness, providing services to promote self-sufficiency, independence, prevention, health and safety. The agency has four main divisions: Division of Family and Children; Division of Mental Health and Addiction; Division of Disability, Aging and Rehabilitative Services; Office of Medicaid Policy and Planning. The four divisions report to the FSSA Secretary, who is a member of the Governor's cabinet.

**family caregiver**

An adult family member or other individual who is an informal provider of in-home and community care to an older individual.

**federal funds authorized**

Represents the total amount of funds approved or the ceiling to be provided under the grant or contract with the State.

**federal poverty level**

As defined by federal guidelines, the federal poverty level is measured by maximum annual income level and the size of the family. Poverty guidelines are to be used by area agencies to determine greatest economic need under Title III of the OAA.

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<sup>1</sup> 460 IAC 1.1-3-31

fiscal year (FY)

A 12-month period covered by an annual budget and at the end of which financial position and results of operations are determined. The BAIHS contracts for services on the state fiscal year.

State Fiscal Year: July 1–June 30

Federal Fiscal Year: October 1–September 30

focal point (Older Americans Act)

A highly visible facility established to encourage the maximum coordination of services for older individuals where anyone in a community can obtain information and access to aging services. Many multi-service senior centers as well as other types of centers are designated by the area agency to serve as designated focal points.

functionally impaired

A term to describe individuals unable to perform without assistance a number of ADLs and/or IADLs. May include cognitive impairment.

- G -

general purpose unit of local government—see *unit of general purpose local government*

geriatric evaluation unit

A unit housed within the immediate-care area of a hospital that provides care for older-adult patients needing hospitalization but who no longer require acute care.

geriatrician

A physician who specializes in the diagnosis and treatment of the diseases and problems specific to aging.

geriatrics

The branch of medicine that deals with the diagnosis and treatment of diseases and problems specific to aging.

gerontology

The study of physiological and pathological phenomena associated with aging.

Governor's Conference on Aging and In-Home Services (Indiana)

Legislatively mandated (IC 12-10-1-4(17)), the Governor's Conference on Aging and In-Home Services is conducted annually as a forum for learning about issues related to the aging and aged, as well as individuals with disabilities.

grandparent or older individual who is a relative caregiver

A grandparent or step grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age and older and:

- (a) lives with the child;
- (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- (c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

grantee

An agency or entity which is receiving funds granted or awarded by the sponsoring agency. The AAAs are grantees of the State Agency and the service providers are

the subgrantees of an Area Agency on Aging. (Also, see subgrantees.)

grants

The awarding of a sum of money for a specified purpose. The award may have stipulations covering the expenditures and it may or may not be continuous in nature.

greatest economic need (Older Americans Act)

Signifies those older persons with incomes at or below the Bureau of Census poverty threshold.

greatest social need (Older Americans Act)

The need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restrict the ability of an individual to perform normal daily tasks or threaten the capacity of the individual to live independently.

group average

A method for managing costs of care plans across a group of clients, so low cost clients can compensate for the clients who are considered as high cost. The ceiling applies to an average of the care plans for an established group of clients.

guardian (Guardianship term)

A person who is a fiduciary and is appointed by a court to be a guardian or conservator responsible, as the court may direct, for the person or the property of an incapacitated person or a minor. The term includes a temporary guardian, a limited guardian, and a successor guardian but excludes one who is only a guardian ad litem. The terms *guardian* and *conservator* are interchangeable.

guardian ad litem (Guardianship term)

A person, usually an attorney, appointed to represent the best interests (not necessarily the protected person's desires) of the potential protected person at a guardianship hearing. The judge may appoint a guardian ad litem when a disinterested person is needed for an objective investigation of the protected person's situation.

guardian of the estate (Guardianship term)

A person appointed to manage the financial affairs of the protected person by paying bills, managing investments, and handling property within the limits prescribed by the court. In Indiana, this person is also called a conservator.

guardian of the person (Guardianship term)

A person with responsibility for the health, well-being, and personal needs of the protected person. The guardian of the person makes such decisions as where the protected person will live, who will provide care, and the kinds of services the protected person will receive.

guardianship (Guardianship term)

Someone appointed by a court to make decisions for an incapacitated person has guardianship of that incapacitated person. In Indiana, *conservator* and *guardian* mean the same thing. Types of guardianships include temporary guardianship, permanent guardianship, limited guardianship, and plenary (full) guardianship.

guardianship property

The property of an incapacitated person or a minor for which a guardian is responsible.

habilitation services

Essential services designed to maximize the functioning level of older adults and persons with developmental disabilities in order to develop and retain capacity for independence, self-care, and social functioning. These services are coordinated through a program of objectives designed to obtain goals related to diversion of the individual from an institutional placement or enabling deinstitutionalization of the client, as well as meeting active treatment needs.

health-care facility

Structure that is licensed and/or certified for a specific level of care, in which health-care activities are carried out. This includes hospitals; psychiatric hospitals; tuberculosis hospitals; skilled-nursing facilities; immediate-care nursing facilities; kidney-disease treatment centers; and freestanding NFs.

Health Care Financing Administration (HCFA)

The federal agency within the Department of Health and Human Services which directs the Medicare and Medicaid programs (Title XVIII and XIX of the Social Security Act) and conducts research to support those programs.

health education

Instructional information on health-related topics, lifestyle issues, and health risk factors designed to change perceptions of health matters and issues.

health screening

An initial, basic exam or test designed to detect abnormalities before such abnormalities become chronic or debilitating. Many of these screenings are performed free of charge in locations easily accessible for older adults, such as senior centers, congregate meal sites, or community centers.

home-and community-based services (HCBS)

Supportive services required to help functionally impaired older adults or persons with disabilities living in the community to remain independent or self-sufficient. The functional impairment may be temporary, short term, or a permanent or long-lasting condition.

home-delivered meal (HDM)

A meal provided to qualified individual in his/her place of residence. The meal is served in a program administered by AAA and meets all of the requirements of the Older Americans Act and State/Local law.

home equity conversion mortgage (Housing term)

Creative financial product that allows older adults or persons with disabilities to turn home equity into cash flow and allows them to stay in their homes.

home health aide

A Department of Health term set out in 410 IAC 17-6-1(d) through (k) (Indiana) and 42 CFR, Part 484.36 (federal) that provides information regarding home health aide qualifications, the subject areas covered in the aide training program and in the competency-evaluation program, and the frequency of supervisory visits.

home health aide services

The provision of professionally directed services as defined in the plan of care and performed by a trained home health aide in the client's home. A home health aide is under the general supervision of a registered nurse. A home health aide provides

personal care such as assistance with grooming and personal hygiene. (see 410 IAC 17-1.1-11; 410 IAC 17-6-1(d) through (k); 42 CFR, Part 484.36.)

home health services and supplies

Includes all health-service activities performed in the home, including supervision of administering medication and dressing changes.

homemaker services

Includes direct and practical assistance with household tasks and related activities when the client or an informal caregiver is unable to meet the client's needs.

home repair and maintenance services

Planned and supervised maintenance or repair activities essential for the prevention and/or correction of health and safety hazards that would prevent premature institutionalization of older adults or persons with disabilities.

hospital discharge planner (IPAS and PASRR)

An employee of an acute-care hospital who is responsible for performing the necessary activities associated with identification of service needs and linkage to service providers following discharge from the hospital.

The acute-care hospital discharge planner may be appointed by the local IPAS agency, with approval of the BAIHS, to function as an IPAS program designee to authorize "direct from hospital" temporary admissions to a NF. The discharge planner designee will base such approval on the applicant's need for care as demonstrated in a review of the hospital's record ("substantially complete assessment").

host agency (Title V term)

A public agency or private nonprofit organization, other than a political party or any facility used or to be used as a place for sectarian religious instruction or worship, that is exempt from taxation under certain provisions of the Internal Revenue Code of 1986, which provides a work site and supervision for an enrollee.

Housing and Urban Development (HUD)

United States Department of Housing and Urban Development administers programs concerned with housing needs and fair housing opportunities nationally.

housing with services establishment (HWSE)

An establishment that provides sleeping accommodations to at least five residents and offers or provides for a fee a variety of supportive services further described in IC 12-10-15-6. An operator of a HWSE must file a disclosure form with DDARS/BAIHS that sets forth the contract provisions between the HWSE and the resident as well as other information listed in IC 12-10-15-11. (see *disclosure form*)

- I -

incapacitated person

An individual who:

- (a) Cannot be located upon reasonable inquiry;
- (b) Is unable:
  - (1) To manage in whole or in part the individual's property;
  - (2) To provide self care; or
  - (3) Both;

Because of insanity; mental illness; mental deficiency; physical illness; infirmity;

habitual drunkenness; excessive use of drugs; incarceration; confinement; detention; duress; fraud; undue influence of others on the individual; or other incapacity; or  
(c) Has a developmental disability (as defined in IC 12-7-2-61).

**Independent case manager**

Case-management services can be provided to older adults and persons with disabilities by private, independent case-management companies or by individual case managers outside of the AAAs, if the personnel providing the case-management services meet the minimum qualifications for an individual case manager.

**independent service provider**

A person who is paid to provide services to an older adult client and who is not acting as an agent of a service provider agency.

**Indiana Governor's Conference — see *Governor's Conference on Aging and In-Home Services*.**

**Indiana Pre-Admission Screening (IPAS)**

Also known as *pre-admission certification*. Pre-admission screening is an assessment process that evaluates for the appropriateness of NF admission and is required for every applicant, regardless of age, seeking admission to a NF. PAS provides the opportunity for the provision of long term care services in a location that is conducive to the physical and the psychological well-being of the individual while also functioning as an effective mechanism of health-care cost containment.

**indirect costs**

Costs that are incurred for a common purpose, benefit more than one objective or grant program, and are not readily assignable to individual programs.

**information and assistance services (I&A)**

A service that includes all efforts to provide information about services or benefits available to older adults or persons with disabilities and assistance in accessing the services needed.

**in-home services**

Services provided for older adults or persons with disabilities in their own home or apartment, such as homemaker, home-health aide, attendant care, home-delivered meals, and case management.

**IN-Home Services Program**

Funding from federal, state, and local funds brought together to provide a broad-based approach to organizing and arranging for delivery of home- and community-based long-term care services to individuals at least 60 years of age and persons with disabilities who are at risk of losing their independence. A case management system implemented to provide a single point of entry for services through the AAAs.

**INsite**

An automated case management system designed to allow case managers to process individual cases via computers rather than using hard copy forms and procedures. INsite allows case managers to assign and select service providers and rates, and create individual care plans. INsite also has query and report capabilities to allow management of individual cases, including monitoring procedures. INsite is used to create fiscal records for CHOICE, SSBG and Title III funded services.

intake

The initial interview to identify the client's needs and to collect demographic data.

intermediate care facility/mentally retarded (ICF/MR)

A facility that cares solely or has particular services for the mentally retarded.

IPAS agency

The local entity designated by DDARS and under contract with Medicaid to administer the IPAS program and perform IPAS assessments. Currently, the IPAS agencies are synonymous with the 16 area agencies on aging.

IPAS area manager

An individual employed by the IPAS agency who is responsible for overall program operations. The individual must have a thorough understanding of the objectives and operation of the IPAS program and of long-term care services and must be able to function effectively in a leadership position with the screening team. The area team must be able to assure the accomplishment of the IPAS process by providing necessary direction and technical assistance.

IPAS coordinator

An individual employed by the IPAS agency, subject to the approval of BAIHS, who may authorize temporary admittance to a NF within the parameters of the IPAS program without the final approval required under IPAS.

IPAS designee

An individual appointed by the IPAS agency, subject to the approval of the BAIHS, who may authorize temporary admittance to a NF within the parameters of the IPAS program without the final approval required under IPAS.

institutional care

Continuous, 24-hour NF care provided by, among others, hospitals, skilled-nursing facilities for the mentally retarded, community residential facilities for the developmentally disabled, and state-owned and -operated mental hospitals.

interpreting/translating

A service that provides for explaining oral and written communication to a person who cannot understand English and/or has disabilities that hinder conventional communication methods.

-J-

-K-

- L -

least-restrictive environment

An environment that does not limit life activities unnecessarily and in which older adults or persons with disabilities may receive appropriate services.

Legal Assistance Services (also known as *Legal Service*)

Legal advice and representation for persons over 60 years of age (as funded under OAA) in civil matters by an attorney and counsel, or representation by a non-lawyer where permitted by law, including counseling or other appropriate assistance by a paralegal and under the supervision of an attorney regardless of location.



The medical, physical, and social care given to persons who have severe chronic impairments. Can mean care in the home by family members, assistance through voluntary or employed help, or care in an institution.

**Level I: Identification Screen (IPAS and PASRR)**

A screening tool that consists of eight questions designed to ascertain an individual's condition to determine the following: (1) whether the PASRR definition of mental illness (MI) and/or MR/DD is met; and (2) the need for NF services, specialized services, and/or services of a lesser intensity than specialized services.

**Level II: PASRR Assessment (IPAS and PASRR)**

A multidimensional assessment designed to assess or evaluate the individual's condition to determine whether the PASRR definition of mental illness (MI) and/or MR/DD applies.

**licensed health facility administrator (IPAS and PASRR)**

An individual employed by a licensed comprehensive-care facility/NF to manage, supervise, and have general administrative charge over its operation. The administrator may or may not have any ownership interest in the facility. His or her functions and duties may be shared with one or more other individuals.

**low income**

Persons who are at or below the income level as determined by the OMB for a given number of persons per household.

**low-income minority elderly**

Minority elderly with an annual income at or below the federally established poverty level.

- M -

**means test**

Procedures used to determine if and how much of a client's income and resources can be used to contribute to the individual's authorized services. Evaluation of an older adult's income or resources to determine eligibility for services.

**mediation (negotiation) (Legal Assistance term)**

Action or remedy to resolve minor disputes on rights, benefits, and services. As the client's representative, program staff may contact other persons concerned with the client's legal problem in order to clarify factual or legal contentions and possibly reach an agreement to settle legal claims.

**Medicaid**

A medical-assistance program that provides federal grant dollars to match state dollars for programs of hospital and medical services. Medicaid provides reimbursement for medical and health-related services to persons who are medically indigent. NF care for needy older adults is also covered by Medicaid.

**Medicaid Waivers (Medicaid Home and Community Based Services Waiver Program)**

Medicaid programs that offer certain home- and community-based services not available under the approved Medicaid State Plan, to Medicaid-eligible persons who are at risk of institutionalization and whose in-home care can be provided at less than the cost of care in an appropriate institutional setting. Medicaid waivers include the Aged and Disabled Waiver, Autism Waiver, ICF/MR Waiver, and Medically Fragile

Children's Waiver.

**Medically Fragile Children Medical Model Waiver**

A Medicaid-funded program that provides in-home and community-based services on behalf of medically fragile children and is designed to divert or deinstitutionalize certain special-needs children from hospital or NF care. In addition to being Medicaid eligible, the client must (1) be less than 18 years of age; (2) be medically fragile, with severe, chronic physical conditions that result in prolonged dependency on medical care or technology to maintain health and well-being characterized by periods of acute exacerbation or life-threatening condition; and (3) have a need for extraordinary supervision and observation and frequent or time-consuming administration of specialized treatments or have a dependency on mechanical support devices.

**medically underserved area (MUA)**

A designation granted by the United States Public Health Service for a county, a census tract, or a minor civil division. The designation of MUAs has significance for eligibility or priority in a number of federal health programs, including Title III-Part F of the OAA.

The MUA index developed by the federal government uses the percentage of population below poverty level, the percentage of population over 65 years of age, the average infant-mortality rate for the preceding five years, and the number of primary care physicians per 1,000 population for each area to define medical underservice.

**medically underserved population**

The population of an urban or rural area with a shortage of personal-health services. Another population group may be defined in terms of one or more of the following categories: population with incomes below the poverty level, number of persons Medicaid eligible, medically indigent population, migrant workers and their families, and Indians or Alaskan natives.

**Medicare**

A national health-insurance program for people 65 years of age or older, certain persons with disabilities who are under 65 years of age, and people of any age who have permanent kidney failure. The Health Care Financing Administration (HCFA) is the agency that administers the Medicare program.

(a) Hospital insurance (Part A Medicare) is financed by a portion of payroll (FICA) tax that also pays for Social Security; and

(b) Medical insurance (Part B Medicare) is partly financed by monthly premiums paid by the people who choose to enroll.

**mental illness**

Emotional disability that seriously impairs feelings, thought processes, and behavior to such a degree that working, relating, and communicating with others becomes difficult or impossible. There are usually biological, psychological, and socioenvironmental factors influencing the development of a mental illness.

**mental retardation (MR)**

A significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

minor

An individual who is less than 18 years of age and who is not an emancipated minor.

minor home modifications services

Selected internal and external modifications to the home environment that will assist older adults and persons with disabilities to increase their functional ability and enhance their safety and well-being in order to avoid institutionalization.

minority elderly

Persons over the age of 60 who are:

- (a) American Indian or Alaska Native;
- (b) Asian or Pacific Islander;
- (c) Black, not of Hispanic origin; or
- (d) Hispanic.

money management services

The Money Management Program was established in coordination with AARP/LCE, the SSA, and nonprofit agencies at the local level. The two components of the Money Management Program are (a) the representative payee component, where trained volunteers manage the benefits of individual clients, and (b) the bill-payer component where the client retains control of his or her money, receiving assistance on money management from trained volunteers.

monitoring

The ongoing process of gathering and analyzing data for the purpose of evaluating program performance and compliance.

multi-purpose senior center (MPSC) (Older Americans Act)

A community facility for the organization and provision of a broad spectrum of services that shall include health, social, nutritional, and educational services, and the provision of facilities for recreational activities for older adults.

- N -

needs assessment services

The evaluation of needs of older adults and persons with disabilities in communities where all federal and state services are not currently available.

neglect (Older Americans Act)

The failure to provide for oneself or the failure of a caregiver to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

no means test (SSBG)

No eligibility limitations.

non-eligible participant

Person required to pay full costs of a service, such as a meal eaten at a congregate meal site.

non-profit (Older Americans Act)

An agency, institution, or organization that consists of, or is owned and operated by, one or more corporations or associations. No part of its net earnings inures, or may lawfully inure, to the benefit of any private shareholder or individual. (501(C)(3) entity.)

nursing facility (NF) (also see *comprehensive care facility*)

A health-care facility that provides health-related care and services that are above the level of room and board and below the level of acute care provided in a hospital setting and:

- (a) Is primarily engaged in providing nursing care and related services for patients who require medical or nursing care and rehabilitation services;
- (b) Has formal policies that are developed with the advice of a group of professional personnel to govern the nursing care and related medical services it provides;
- (c) Has a physician, a registered professional nurse, or a medical staff responsible for the execution of such policies;
- (d) Requires that the health care of every patient be under a physician's supervision and makes provision for a physician to be available to furnish necessary emergency medical care;
- (e) Maintains medical records on all patients;
- (f) Provides 24-hour nursing service with at least one registered professional nurse present at all times;
- (g) Provides for dispensing and administering of drugs;
- (h) Has a utilization-review plan that meets the requirements of the law;
- (i) May be certified to participate in Medicare or Medicaid or both; and
- (j) Is licensed pursuant to Indiana law and approved by the state agency responsible for licensing institutions of this nature as meeting standards established for such licensing.

nursing-facility payments

Payments (including both federal and state share) to Medicaid certified vendors for NF services. Payments to nursing facilities fall into two principal categories—payments to an intermediate-care facility for the mentally retarded (ICF/MR) and payments to other nursing facilities that include all other Medicaid-certified ICF and skilled-care facilities. ICF services include all services provided by an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or skilled-nursing facilities as defined under Title XIX of the SSA.

nutrition education

Information regarding food consumption that is scientifically valid and designed to promote behavioral changes. The information encourages sound nutritional habits and is presented in the context of the diverse needs and living situations of older adults.

Nutrition Services Incentive Program

The Nutrition Services Incentive Program provides older adults and persons with disabilities with hot, nutritionally balanced lunches, five days a week, at meal sites throughout the state. Older adults come to community centers and senior centers that provide meals and a chance for interaction and socialization. For older adults and persons with disabilities who are confined to their homes and are unable to attend congregate meal sites, a service is provided for home-delivered meals. Nutrition

services may also provide nutrition-education services and other appropriate nutrition services for older adults and persons with disabilities.

- O -

#### Ombudsman

As required by the OAA, the ombudsman is responsible for responding to complaints regarding the health, welfare, quality of life, and rights of NF residents. The ombudsman is required to investigate complaints and to provide information regarding the program, NF/patient responsibilities, and patient rights to anyone who is interested.

#### Office of Management and Budget (OMB)

A federal agency with the authority to assemble and revise the requests for appropriations of various federal departments and establishments as well as wholly owned government corporations.

#### Office of Medicaid Policy and Planning (OMPP)

The state agency that does the following: administers the Medicaid program in Indiana; handles reimbursements to Medicaid providers; grants prior authorization to nursing facilities for level of care; terminates Medicaid eligibility for the Medicaid disability program; and is involved in policy issues that affect determination of Medicaid benefits.

#### Old Age, Survivors, Disability, and Health Insurance Program (OASDHI)

A program administered by the SSA that provides monthly cash benefits to retired or disabled workers and their dependents and to survivors of insured workers. It also provides health-insurance benefits for persons 65 years of age and older, and for the disabled under 65 years of age. The health-insurance component of OASDHI was initiated in 1965 and is generally known as Medicare. (see *Medicare*)

#### older adult

An individual who is 60 years of age or older. <sup>1</sup> For some services and programs, other than those supported through Title III funding, older adult refers to an individual who is 55 years of age or older.

#### Older Americans Act (OAA)

Federal legislation first enacted in 1965 that created the structure for dealing comprehensively with the needs of older adults through the AoA within the DHHS. Each section of the act is called a *title* and makes provision for various services to older adults. The act's eight titles are:

Title I	Declaration of Objectives
Title II	Administration on Aging
Title III	Grants for State and Community Programs on Aging
Title IV	Training, Research, and Discretionary Projects and Programs
Title V	Older American Community Service Employment Program

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<sup>1</sup> Older Americans Act, Section 102 (34)

Title VI	Grants for Native Americans
Title VII	Allotments for Vulnerable Elder Rights Protection Activities
Title VIII	Native American Programs

#### Older Hoosier Account

A state appropriation of funds to be used by the BAIHS to cost share/match dollars with various funding sources that support programs and activities for older adults.

#### ombudsman

As required by the OAA, the ombudsman is responsible for responding to complaints regarding the health, welfare, quality of life, and rights of NF residents. The ombudsman is required to investigate complaints and to provide information regarding the program, NF/patient responsibilities, and patient rights to anyone who is interested.

#### outreach services

Activities initiated to seek out and identify hard-to-reach individuals; provide information about available services and benefits; explain how individuals may become recipients of services; or identify persons with the greatest social and/or economic needs.

#### over-the-counter drug (OTC drug)

A drug that is advertised and sold directly to the public without a prescription.

- P -

#### parent

A biological or adoptive parent. The term does not include a stepparent, foster parent, or grandparent.

#### Part B payments

Payments made on behalf of persons eligible for Medicare Supplementary Medical Insurance (SMI) by the state Medicaid program as part of a coverage group under a federal-state agreement.

#### payment to client

Direct financial assistance in the form of money or a voucher. Includes wages (such as for the OACSEP), stipends, and supplemental living allowance payments made directly to the client or paid to a provider on the client's behalf.

#### periodic

*Periodic*, as used in the OAA with respect to evaluations of and public hearings on activities carried out under state and area plans, means, at a minimum, once each fiscal year.

#### permanent guardianship (Guardianship term)

This type of guardianship is of permanent duration and is established after a full hearing. A person is judged incapacitated, and a guardianship is established providing either for the care of the protected person or total management of his or her estate, or both. The protected person loses substantial rights to self-determination and in many states may no longer vote, marry, make a will, sign a contract, or choose his or her own residence. The guardianship continues until either the court enters an order to terminate the guardianship or the protected person dies.

person

An individual or an organization, association, nonprofit corporation, corporation for profit; limited-liability company, partnership, financial institution, trust; or other governmental entity or other legal entity.

personal assistance (Medicaid waiver)

Service that provides the necessary assistance to help clients meet their daily needs and to ensure adequate functioning in an independent-living arrangement or within the family or alternative-family home.

The primary emphasis of the service is on direct assistance with daily living and personal-adjustment activities, rather than the achievement of habilitative goals and objectives by the individual.

person with disabilities

Any person who (a) has a physical, mental, or emotional impairment, or any combination thereof that substantially limits one or more of the person's major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment.

Personal emergency response system supports (PERS)

An electronic communication device that allows an individual to communicate the need for immediate assistance in case of an emergency.<sup>1</sup>

physical harm (Older Americans Act)

Bodily injury, impairment, or disease.

physician (IPAS and PASRR)

A duly licensed medical practitioner who is the applicant's medical doctor of choice, as designated by the applicant at the time of application for IPAS. The physician must know or be able to obtain knowledge of the individual's overall functioning abilities and specialized service needs.

plan of care—see *care plan*

planning and service area (PSA) (Older Americans Act)

Distinct area designated after consideration of geographical distribution of older adults in the state; the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance; the distribution of older adults who have greatest economic need (with particular attention given to low-income minorities) residing in such areas; the distribution of older adults who are Native Americans; the distribution of resources available to provide such areas or centers; and the boundaries of existing areas within the state that were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the state, and any other relevant factors and served by a designated AAA.

plenary (full) guardianship

This type of guardianship is of permanent duration and is established after a full hearing. A person is judged incapacitated and a guardianship is established

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<sup>1</sup> 460 IAC 1.1-3-41

providing for the care of the protected person. The protected person loses substantial rights to self-determination, and in many states, may no longer vote, marry, make a will, sign a contract, or choose his own residence. The guardianship continues until either the court enters an order to terminate the guardianship or the protected person dies. In some states the plenary guardianship is established for both the protected person's person and estate.

**poverty line (Older Americans Act)**

The official poverty line as defined by the OMB and adjusted in accordance with the Community Services Block Grant Act.<sup>1</sup>

**Pre-Admission Screening/Resident Review (PASRR)**

A program funded by Medicaid that assesses the needs of persons with MI or MR/DD who are applicants to or residents of NFs for identifying needed services and to determine if NF placement is appropriate.

**preparation of legal documents (Legal Assistance Service)**

Time spent preparing documents that support any other allowable activity. Writing documents that serve to protect individual rights, such as contracts and advance directives.

**priority services**

Services for which an AAA must spend at least a specified adequate portion of its Title III-B social services allotment (excluding the amount used for administration). Priority services are access, in-home, and legal assistance. There is also an established minimum percentage expenditure for the delivery of ombudsman services at the state level.

**program development**

Activities directly related to either the establishment of a new service or the improvement, expansion, or integration of an existing service. Program-development activities must be intended to achieve a specific service goal or objective and must occur within a specified time period, rather than being cyclical or ongoing.

**program income**

All funds directly resulting from service delivery, specifically including contributions from eligible clients and charges to non-eligible clients. Also, earnings realized from grant- or contract-supported activities, including such fees for service or sales of supplies or assets. Interest earned on cash deposits or investments is not program income.

**promulgate**

Usually refers to federal regulations, just as the term *adopt* is usually used to refer to state rules. To publish or make known officially; to put a law into effect by publishing its terms.

**protected person (Guardianship term)**

An individual for whom a guardian has been appointed or with respect to whom a protective order has been issued.

**protective proceeding**

A proceeding for a protective order under IC 29-3-4

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<sup>1</sup> Older Americans Act Section 102, (38)



protective services

Services necessary to ensure that older adults are aware of their rights; that the rights of persons with disabilities are protected; and, in cases of abuse, that the least restrictive services are available to alleviate abuse. Protective services may include adult protective services, bill-payer services, guardianship services, legal assistance services, ombudsman services, and representative payee services.

provider/service provider

A person or entity approved by the DDARS or its designee to provide the individual with agreed upon services.<sup>1</sup>

public hearing

An open and publicly announced meeting in which the public, administrative, and elected officials have the opportunity to participate and comment on issues.

- Q -

quality assurance

The process of assessing, evaluating, and measuring the degree and consistency of the quality of services and programs and taking responsibility for following up with appropriate action in response to the results of quality assessment.

quorum

The minimum number of members who must be present at a meeting in order for business to be legally transacted.

- R -

referral

The practice of recommending a client for specific services or programs or an individual who has been referred for services.

Region V

One of the federal regional offices whose function is to work directly with the state agencies administering DHHS federal programs. The Indiana BAIHS reports to the AoA office of Region V.

regulation

A term usually applied to the interpretation of federal statutes that provide detailed procedures for performing services under those laws. *Rule* is the term usually applied to the interpretation of state statutes.

representative payee

An individual who is appointed by a government agency to handle the government checks, such as Social Security or Civil Service, of someone who is unable to manage his or her financial affairs.

Request for Approval to Authorize Services

A form that is required to be completed and submitted to the appropriate administering entity, when requesting funds to purchase services, modifications, aids or devices.

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<sup>1</sup> 460 IAC 1.1-3-44

Residential Care Assistance Program (RCAP)

RCAP provides state supplemental assistance through ARCH and RBA. The assistance is for eligible persons who are aged, blind, or disabled and who are unable to live in their own homes but have less than NF level of care needs. Financial eligibility is based on income and resources that are determined by the local Office of Family and Children. ARCH and RBA funding sources provide payment for room and board, laundry, nursing services, and minimal administrative duties. Individuals residing in a residential care facility are generally ambulatory and physically and mentally capable of managing their own affairs.

respite care services

Service provided to individuals unable to care for themselves that are furnished on a temporary, intermittent, short term basis because of the absence or need for relief of an unpaid caregiver.<sup>1</sup>

responsible party (IPAS and PASRR)

An individual chosen by an applicant, or if the applicant is a minor or has been adjudicated incompetent, a parent or the legal representative of an applicant who assists in the process of making application for IPAS. The legal representative must sign all applicable documents.

restoration (Guardianship term)

The court may find that the protected person's capacity to make and communicate decisions has improved sufficiently such that a guardianship may no longer be necessary. A hearing may be required to make this determination. This situation most commonly arises when the protected person has an illness or injury from which he or she recovers after a period of time.

Room and Board Assistance Program (RBA)—see *Residential Care Assistance Program*

rural elderly

Older persons who live in rural zip code designations as defined by the federal AoA.

- S -

senile dementia

A broad term that includes several subgroups such as Alzheimer's disease, multiple strokes, normal-pressure hydrocephalus, and other similar disorders. Dementia symptoms include changes in memory that can be mild, but can become severe to the point of total loss of recent and remote memory, developing into a confused state and, eventually, death.

senior center

Senior centers are the hub of community services and are often the entry point into the service network for older adults. They offer a broad spectrum of services to older adults including health, social, and educational services, and some centers serve as meal sites.

senior center activities

Activities and services provided in senior centers that prevent isolation, improve personal life satisfaction, and promote successful independent living. Activities may include intergenerational activities, current-events discussions, field trips, health-promotion/fitness activities, recreational activities, and arts and crafts activities.

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<sup>1</sup> 460 IAC 1.1-3-48

Senior Employment (Title V)

A program that fosters and promotes useful, part-time employment opportunities for low-income persons (below 125% of poverty guidelines) who are 55 years of age or older.

service authorization

The function of approving the type and quantity of services a client can receive, in accordance with state policies. Explicit authorization is needed for a client to gain access to the program's services.

service provider

Local organizations, businesses, companies, and individuals that area agencies contract with to deliver various services under the area plan to eligible older adults and persons with disabilities.

severe disability

A chronic disability attributable to mental or physical impairment or a combination of mental or physical impairments that:

- (a) Is likely to continue indefinitely; and
- (b) Results in substantial functional limitation in three or more of the following activities:
  - (1) Self-care;
  - (2) Receptive and expressive language;
  - (3) Learning;
  - (4) Mobility;
  - (5) Self-direction;
  - (6) Capacity for independent living; and
  - (7) Economic self-sufficiency.

shared housing (Housing term)

Arrangement in which two or more related persons share a house or apartment. Usually private sleeping quarters are available while the rest of the house is shared.

single point of entry

Refers to an identifiable local agency with primary responsibility for access and linkage. Functions performed as a part of the single entry point mechanism can include screening; assessment; eligibility; development of a care plan; service authorization; referral; arrangement of services; monitoring; client tracking; and reporting. The 16 AAAs are the single point of entry for the IN-Home Services Program.

single-room occupancy (Housing term)

Renter-occupied one-room housing units in an apartment building or a residential hotel available to low-income persons.

Social Security Administration (SSA)

As part of the United States DHHS, SSA manages the Social Security Program. SSA manages Medicare through the Bureau of Health Insurance.

Social Security Retirement, Survivors, and Disability Insurance

Monthly cash benefits that are administered by the SSA.

Social Services Block Grant (SSBG)

SSBG is a consolidated federal grant given to states to use for a variety of services.

The BAIHS uses SSBG money to fund a compilation of in-home, community-based, and facility-oriented services targeted for low-income older adults and persons with disabilities.

special resident services

Provide screening and needs-assessment recommendations for older adults and mentally ill and mentally retarded persons regarding the appropriateness of NF placement. Also assists older adults and persons with disabilities who are unable to live in their own home but do not need the degree of care provided in a NF by providing supplemental cash assistance for residential care facilities.

state agency

The state agency designated by the state under Section 305 (a) (1) of the OAA, as amended 2000.

State Plan

A document submitted to the AoA, for approval, that outlines the rationale, goals, mission statement, assurances, and strategies for service delivery and systems enhancement of an aging network in a State.

state unit on aging

The term used by the AoA to identify the unit of state government that administers OAA funds and services.

subgrantee

An agency that subcontracts with a grantee agency. Subgrantee usually refers to the service providers. (For SCSEP, the subgrantee is the Area Agency on Aging)

subrecipient (Title V term)

A legal entity to which a subgrant is awarded by a recipient and that is accountable to

Sub-subgrantee (SCSEP term)

An agency that subcontracts with a subgrantee agency. Used when referring to entities such as *Experience Works*. (See Section 9 – Senior Community Service Employment Program)

Supplemental Security Income (SSI)

SSI is a federal program of income support for low-income aged, blind, or disabled persons administered by the SSA.

support

Care, maintenance, and education or training, if appropriate.

supported living services (Medicaid Waiver term)

Effective October 1, 1997, supported living services are designed to provide an individually tailored support service that combines the activities available through Residential-Based Habilitation and Personal Assistance. See *habilitation services*.

suspension (Guardianship term)

A guardian may be suspended by the court if he or she fails to perform duties properly, including adequate and timely reports to the court about care of the protected person and/or the estate.

target population

An identified group of persons toward which specific services are directed.

technical assistance

The provision of consultation/information to grantee programs funded through DDARS.

temporary guardianship (Guardianship term)

This guardianship is limited in duration and is usually sought when the protected person is in imminent danger or if the protected person has a temporary need (e.g., consent to medical treatment or surgery, change of residence, or temporary vesting of parental rights). Often a temporary guardianship is granted immediately with provision for a hearing within a matter of days. Temporary guardianships typically expire at the end of 30–180 days.

title

A section of a state or federal law. (There are 36 titles in the Indiana Code; Title 12 refers to human services. There are eight titles in the OAA.)

Title III

The federal Social Security Act designed to assist older adults in leading independent lives and avoiding unnecessary institutionalization. The BAIHS has the obligation to allocate federal program Title III funds to the state's area agencies on aging. (see *Older Americans Act*)

Title V

The Older American Community Service Employment Act is a program that fosters and promotes useful, part-time employment opportunities for low-income persons (below 125% of poverty guidelines) who are 55 years of age or older. The goal of the program is to provide salary and wages for meaningful employment in the area of community service.

Title XIX (Medicaid)

A part of the Social Security Act that provides federal grants to match state programs of hospital and medical services for welfare recipients and the medically indigent. It is the principal legislative authority for the Medicaid program and, therefore, a common name for the program.

Title XX — see *Social Services Block Grant*

transportation

Taking a client from one place to another.

transportation services

Services for the transportation of an individual in a vehicle by a provider approved under this article to provide transportation services.<sup>1</sup>

- U -

unit of general purpose local government

A political subdivision of a state that is generally a city; municipality; county; township; town; borough; other subdivision; or an Indian tribal organization whose

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<sup>1</sup> 460 IAC 1.1-3-52

authority is general and not limited to only one function or combination of related functions. (OAA).

unit of service

A measure of service or standard of quantity used for billing purposes. Usually a segment of time spent by a provider to perform a service.

- V -

visually impaired

(a) A person with visual acuity between 20/60 and 20/100 in the individual's better eye with the best correction, or a corresponding loss in visual field.

(b) For RBA and ARCH purposes, a central visual acuity of 20/200 degrees or less in the individual's better eye with the use of a corrective lens, or a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance of no greater than 20 degrees.

volunteer services

Services provided by volunteer groups and individuals, including older adults, who provide assistance and services appropriate to the needs of older adults and persons with disabilities.

- W -

Waiver

(a) Authorized permission given to an AAA to provide direct delivered services to eligible older adults and persons with disabilities.

(b) Policy which waives or exempts specific traditional Medicaid requirements allowing access to medical treatment and other programs in community based setting in lieu of institutionalization.

- X -

- Y -

- Z -

**THE PROVISIONS OF THIS MANUAL ARE SUBJECT TO FEDERAL  
AND STATE LAW AS WELL AS REGULATIONS AND RULES ADOPTED  
UNDER FEDERAL AND STATE LAW AND ARE SUBJECT TO CHANGE**

## **1000 OPERATIONS MANUAL: PURPOSE, DESIGN, USE, AVAILABILITY AND DISTRIBUTION**

### **1001 PURPOSE**

The purpose of the Operations Manual is to address state and contracted operations relative to Indiana's Aging and In-Home Services network and to provide interpretation of federal and state statutes of various aging and in-home services programs.

### **1002 DESIGN**

The design for the Operations Manual is an expanded outline format that contains 9 sections, with additional sections including acronyms, definitions, a glossary, and appendices. The entire table of contents can be found at the back of the Operations Manual and a table of contents precedes each section.

### **1003 USE**

(a) Because the Operations Manual is based on federal and state statutes and regulations, it shall be used as a guide, a training tool, and an ongoing reference source for the Bureau of Aging and In-Home Services (BAIHS) staff, Area Agencies on Aging (AAAs), service providers, independent case managers, and others involved in programs and services administered by the BAIHS.

(b) It is suggested that the table of contents be used to locate subject matter. When the material is located, it is recommended that the entire text on that topic be read, including all cross-referenced or footnoted material.

(c) Any phrase, word or acronym that is not familiar or is not satisfactorily defined in the general text, may be looked up in the glossary or acronym sections that appear in the front of the operations manual. Any other questions may be directed to appropriate staff members of the BAIHS.

### **1004 AVAILABILITY**

(a) The Operations Manual is available in an online version.

(b) To access the online version of the Operations Manual:

- 1. LOG ON to the INsite Program**
- 2. CLICK on RELEASE NOTES**
- 3. DOUBLE CLICK on FSSA MANUALS & BULLETINS - Resources Icon (looks like a bookshelf)**
- 4. CLICK on SELECT – BAIHS OPERATIONS MANUAL**



To display the entire operations manual-

**1. CLICK on CONTENTS**

**BAIHS Documents will appear next to a BOOK ICON**

**2. CLICK on the BOOK ICON**

**A list of SECTIONS will appear**

**3. CLICK on the SECTION you wish to open**

To find a specific topic:

**1. CLICK on SEARCH**

**2. TYPE in KEYWORD**

**3. CLICK on LIST TOPICS**

A list of sections where the KEYWORD can be found should appear

**4. DOUBLE CLICK onto the SECTION you wish to check**

**1005 DISTRIBUTION**

(a) One CD-ROM copy of the Operations Manual shall be distributed to each of the AAAs.

(b) The Operations Manual can be found on INsite and is sent to each AAA via CD-ROM. The Operations Manual also will appear in the BAIHS Bureau Information Directory (BID).

(c) When the BAIHS needs to revise or update the online Operations Manual or when updates are required, a numbered, coded manual transmittal memorandum, along with the actual changes will be sent to the AAA's, IAAAA and the BAIHS staff. The transmittal will contain new and/or revised manual documentation. Recipients are to keep a record of the date and type of changes. Recipients will then remove and archive the old manual information and replace it with the new and/or revised information.

(e) AAAs or independent case managers shall not sell, charge fees, or request in-kind services or support for supplying the BAIHS Operations Manual to another entity.

(f) Any requests for copies of the Operations Manual shall be referred directly to the Administrative Services Unit of the Bureau of Aging and In-Home Services.

## **1006 INFORMATION ON INDIANA’S AGING AND IN-HOME SERVICES NETWORK**

Chart 1

**Indiana Code 12-9-1-1** The division of disability, aging, and rehabilitative services is established.  
**Mission Statement of the Division of Disability, Aging and Rehabilitative Services (DDARS)** “The mission of the Division of Disability, Aging and Rehabilitative services is to provide leadership and support to enable older adults and people with disabilities to maximize their independence and self-sufficiency.”  
**Indiana Code 12-9-1-3(3)** The division consists of the following bureaus:  
(1) Disability determination bureaus required or permitted under IC 12-9-6.  
(2) **The bureau of aging and in-home services established by IC 12-10-1-1**  
(3) The rehabilitation services bureau established by IC 12-12-1-1.  
(4) The bureau of developmental disabilities services established by IC 12-11-1.1-1.  
(5) The bureau of quality improvement services established by IC 12-12.5-1-1.

(a) The DDARS is part of the Indiana Family and Social Services Administration (FSSA). The FSSA consists of many levels of state divisions and offices that administer a diverse group of social, rehabilitative, health, aging, and in-home services.

(b) The FSSA has 4 entities that directly affect services and programs. Those entities are as follows:

**(1) Office of Medicaid Policy and Planning (OMPP)**

The OMPP finances basic, cost-effective medical services for low-income residents of the state of Indiana.

**(2) Division of Mental Health and Addiction (DMHA)**

The DMHA ensures that Indiana citizens have access to appropriate mental-health and addiction services that promote individual self-sufficiency.

**(3) Division of Family and Children (DFC)**

The DFC works to provide services such as foster care, child-abuse investigations, child-support collection, cash assistance, food stamps, and Medicaid to families and children in need.

**(4) Division of Disability, Aging, and Rehabilitative Services (DDARS)**

The DDARS exists to inform, protect, and serve older adults and persons with disabilities and their families who are in need of human services, resources, or support to attain or maintain employment and self-sufficiency and independence.

(c) The BAIHS is part of DDARS.

## **1007 ESTABLISHMENT OF THE BUREAU OF AGING AND IN-HOME SERVICES AND THE AGING NETWORK**

### Chart 2

**Indiana Code 12-10-1-1** The bureau of aging and in-home services is established within the division.

- (a) The BAIHS was established to administer the Older Americans Act (OAA), passed by Congress in 1965, and last amended in 2000.
- (b) The BAIHS administers a broad range of in-home and community-based services to older adults and to persons with disabilities who are at risk of losing their independence through institutionalization.
- (c) Programs and services are funded from federal, state, and local grants and appropriations, that include the following:
  - (1) **Federal**
    - Social Services Block Grant (SSBG)
    - Older Americans Act (OAA)
  - (2) **State**
    - Community Home Options to Institutional Care for the Elderly and Disabled (CHOICE), including match for Medical Model Waivers
    - Older Hoosiers Appropriations
    - State Appropriations for Residential Services, Protective Services
    - Residential Care Assistance Program (RCAP)
    - Guardianship Services for Adults
  - (3) **Local**
    - Program income, including voluntary contributions
    - Public, private, and corporate funds
    - Fees (cost share)

## **1008 ADMINISTRATION OF PROGRAMS**

The BAIHS administers the following programs:

- (1) Older Americans Act under IC 12-9-5-1
- (2) Area Agencies on Aging services under IC 12-10-1-3
- (3) Adult Protective Services under IC 12-10-3
- (4) Room and Board Assistance and Assistance to Residents in County Homes under IC 12-10-6
- (5) Adult Guardianship Program under IC 12-10-7

- (6) Community and Home Options for the Elderly and Disabled under IC 12-10-10. (CHOICE)
- (7) Nursing Home Preadmission Screening under IC 12-10-12, 460 IAC 1-1-1 OBRA and 42 CFR 483.100 (PASRR)
- (8) Long Term Care Advocacy under IC 12-10-13.
- (9) Title III C - Nutrition services and home-delivered meals
- (10) Title III B Supportive Services
- (11) Title III D Title III F Disease Prevention and Health Promotion Services (currently not provided in Indiana)
- (12) Title III E National Family Caregiver Support Program
- (13) Aging programs under the Social Services Block Grant (SSBG)
- (14) Title V Senior Employment under Older Adult Services<sup>1</sup>

## **1009 MEDICAID WAIVERS**

(a) The Medical Model Waivers and the Medicaid Waivers deliver in-home services to clients who would otherwise require the level of care provided in an institutional setting. On the State Level, the Medicaid Waivers are administered by the Bureau of Developmental Disabilities Services (BDDS). The Medical Model Waivers are administered by the Office of Medicaid Policy and Planning (OMPP), on the State level. The Medical Model Waivers and the Medicaid Waivers are as follows:

- (1) **Aged and Disabled Waiver (A&D)** Serves participants who meet Medicaid guidelines and are either 65 years old or have disabilities. Clients must meet level of care standards of a skilled or intermediate nursing facility. (Medical Model Waiver)
- (2) **Assisted Living Waiver** Serves clients who are 18 years old or older who meet nursing home level of care but choose to receive care in an assisted living facility. (Medical Model Waiver)
- (3) **Autism Waiver** Serves clients with a diagnosis of Autism who meet intermediate care facility for mental retardation (ICF/MR) level of care. (Medicaid Waiver)
- (4) **Home and Community-Based Waivers for Persons with Developmental Disabilities (DD) Administered by the** Serves clients who need support because of developmental disabilities and who choose to receive community-based care as an alternative to ICF/MR.

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<sup>1</sup> Indiana Code 12-10-1-3

This waiver offers additional services but is similar to Indiana's original ICF/MR Waiver. (Medicaid Waiver)

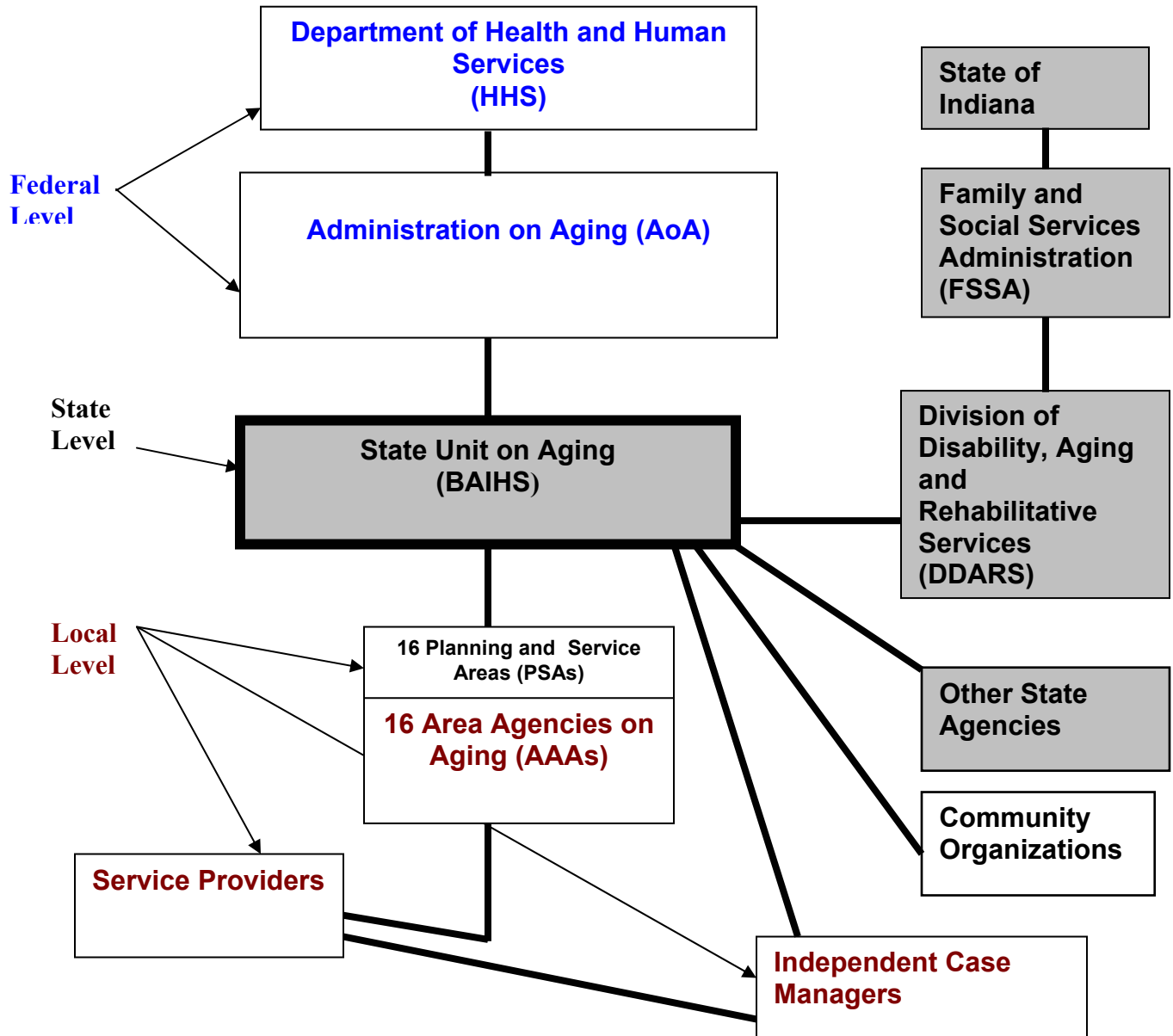
(5) **Medically Fragile Children Waiver (MFC)** Serves clients who are under 18 years old and are in need of significant medical services, including those who are technically dependent and meet skilled nursing facility level of care or hospital level of care criteria. (Medical Model Waiver)

(6) **Support Services Waiver** Serves clients who need supportive services because of developmental disabilities who choose to receive community care as an alternative to ICF/MR. Offers an annual allowance of home and community-based services. (Medicaid Waiver)

(7) **Traumatic Brain Injury Waiver (TBI)** Serves clients who suffer from injuries to the brain, including closed or open head injuries. (Medical Model Waiver)

(b) On the local level, the Autism, Support Services and Developmental Disabilities (DD) Medicaid Waivers are administered by area BDDS offices. The Aged and Disabled, Assisted Living, Medically Fragile Children's and Traumatic Brain Injury Medical Model Waivers are administered by the local AAAs.

**Representation of the Aging and In-Home Services Network**  
Chart 3



## **1010 ORGANIZATION AND STAFFING OF THE BUREAU OF AGING AND IN-HOME SERVICES (BAIHS)**

### Chart 4

**Code of Federal Regulations, 45 CFR 1321.9** The State agency shall have an adequate number of qualified staff to carry out the functions prescribed in this part.

- (a) The BAIHS has developed and maintains an organizational chart that lists all BAIHS positions.
- (b) Along with the organizational chart, the BAIHS has complete documentation of accurate position descriptions and job standards for all of the BAIHS staff, available upon request.

## **1011 MISSION AND DUTIES OF THE BUREAU OF AGING AND IN-HOME SERVICES (BAIHS)**

### Chart 5

**Code of Federal Regulations, Title 45 CFR 1321.11(a) and (b)**

The State agency on aging shall develop policies governing all aspects of programs operated. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies. The policies developed by the State agency shall address the manner in which the State agency will monitor the performance of all programs and activities for quality and effectiveness.

**Mission Statement of the Bureau of Aging and In-Home Services**

"The Bureau of Aging and In-Home Services provides the leadership, stewardship and collaboration necessary to facilitate a broad array of services for older adults and persons of all ages with disabilities, based upon the principles of independence, quality, dignity, privacy and personal choice."

The BAIHS shall do the following:

- (1) Conduct studies and research into the needs and problems of the aging.
- (2) Evaluate programs, services, and facilities for older adults and determine the extent to which those programs, services, and facilities meet the needs of older adults.
- (3) Coordinate programs, services, and facilities furnished for older adults by state agencies and make recommendations regarding those programs, services, and facilities to the Governor and the general assembly.
- (4) Provide consultation and assistance to communities and groups developing local services for older adults.
- (5) Promote community education regarding the concerns of older adults through institutes, publications, radio, television, and the press.
- (6) Cooperate with agencies of the federal government in studies and conferences designed to examine the needs of older adults and prepare programs and facilities to meet those needs.

(7) Establish and maintain information and referral sources throughout Indiana when not provided by other agencies.

(8) Conduct an annual conference on the issues of older adults.

(9) Examine the needs of older adults and prepare programs and facilities to meet those needs.<sup>1</sup>

### **1011.1 PERFORM AS THE STATE LEADER IN ALL AGING ISSUES**

#### Chart 6

**Indiana Code 12-10-1-4-(9)** The BAIHS shall receive and disburse federal money made available for providing services to the aged or related purposes.

**Indiana Code 12-10-1-4 (5)** The BAIHS shall provide for the performance of any other functions required by regulations established under the Older Americans Act (42 USC 3001 et seq.)

(a) The Older Americans Act (OAA) requires that the state unit on aging shall be the leader relative to all aging issues on behalf of all older adults in Indiana.

(b) The BAIHS is the unit primarily responsible for Indiana's state aging programs and services.

(c) The state unit on aging (the BAIHS) shall proactively carry out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems serving areas throughout Indiana.

(d) The BAIHS is active in functions related to the following:

- (1) Advocacy
- (2) Planning
- (3) Coordination
- (4) Interagency linkages
- (5) Information sharing
- (6) Brokering of services
- (7) Monitoring and evaluation
- (8) Protective services

### **1011.2 IMPLEMENT ADVOCACY POLICIES**

#### Chart 7

**Indiana Code 12-10-1-4(4)** The BAIHS shall provide a focal point for advocacy, coordination, monitoring, and evaluation of programs for the aging and the aged.

(a) The BAIHS has the duty to review, monitor, evaluate and comment on federal, state and local plans; budgets; regulations; programs; laws; levies; hearings; policies; and actions that affect or may affect older adults, and may recommend any changes in these that the BAIHS considers to be appropriate.<sup>2</sup>

<sup>1</sup> Indiana Code 12-10-1-4(2)(7)(8)(11)(12)(13)(14)and (17)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.7(a)(1)



(b) The BAIHS also shall provide technical assistance to agencies, organizations, associations, or persons representing older adults, and, upon request, will review and comment on applications to state and federal agencies for assistance relating to meeting the needs of older persons.

(c) No requirement allows the BAIHS, in completing advocacy activities, to supersede a prohibition contained in a federal appropriation on the use of federal funds to lobby the Congress.<sup>1</sup>

### **1011.3 DESIGNATE PLANNING AND SERVICE AREAS (PSAs)**

Chart 8

**United States Code 42 USC 3025(a)(1)(E)** In order for a State to be eligible to participate in programs of grants to States from allotments under this subchapter, the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to divide the State into distinct planning and service areas (or in the case of a State specified in subsection (b)(5)(A) of this section, designate the entire State as a single planning and service area...

As the state's unit on aging, the BAIHS is the only agency that shall designate a planning and service area (PSA).

### **1011.4 DESIGNATE AREA AGENCIES ON AGING (AAAs)**

Chart 9

**Indiana Code 12-10-1-4 (18)** The BAIHS shall designate area agencies on aging in each planning and services region in Indiana.

As the state's unit on aging, the BAIHS is the only state agency that shall designate AAAs for the purpose of carrying out the OAA mission for Indiana, at the local level. The BAIHS shall designate as its AAAs only those local agencies having the capacity and making the commitment to fully carry out the mission described for area agencies on aging, in the OAA.<sup>2</sup>

### **1011.5 DEVELOP THE INTRASTATE FUNDING FORMULA**

Chart 10

**Indiana Code 12-10-1-4(15)** The BAIHS shall act, in accordance with regulations established under the Older Americans Act, as the agent for providing state money to the area agencies on aging designated in each planning and service area.

(a) The BAIHS, after consultation with all 16 AAAs, shall develop and use an intrastate funding formula for the allocation of OAA funds to AAAs. The BAIHS shall publish the formula for review and comment by older adults, other appropriate agencies and organizations, and the general public. The formula shall reflect the proportion among the PSAs of persons age 60 and over in greatest economic or social need with particular attention to low-income minority persons. The BAIHS shall review and update its formula as often as a new State Plan is submitted for approval.

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.13(b)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.29

(b) The intrastate funding formula (IFF) shall provide for a separate allocation of funds received for preventive health services. In the award of such funds to selected PSAs, the BAIHS shall give priority to areas of the state that are medically underserved, and in which there are large numbers of persons who have the greatest economic and social need for such services. The BAIHS shall submit the intrastate funding formula to the Administration on Aging (AoA) for review and comment. The intrastate funding formula shall be submitted separately from the State Plan.<sup>1</sup>

#### **1011.6 GIVE PREFERENCE TO OLDER ADULTS WITH THE GREATEST NEED**

Chart 11

**Indiana Code 12-10-1-4(1)** The BAIHS shall provide a comprehensive and coordinated service system for Indiana's aging population, giving high priority to those persons in greatest need.

The BAIHS must assure that preference will be given to providing services to older adults with the greatest economic need and older adults with the greatest social need, with particular attention to low-income minority older adults and older adults residing in rural areas, and include proposed methods of carrying out the preference in the State Plan.

#### **1011.7 MONITOR THE AAAs**

Chart 12

**United States Code 42 USC 3027(a) (4)** The Plan shall provide that the state agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this subchapter and subchapter XI, of this chapter, including evaluations of the effectiveness of services provided to persons with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority persons and older individuals residing in rural areas.

The BAIHS shall assure that the resources made available to AAAs under the OAA are used to carry out the mission described for area agencies on aging in the Code of Federal Regulations.<sup>2</sup>

#### **1011.8 ASSURE THE REQUIREMENT OF OUTREACH EFFORTS**

The BAIHS shall assure the requirement of outreach services that will identify persons who are eligible for assistance, with special emphasis on the following:

- (1) older adults living in rural areas;
- (2) older adults with the greatest economic need (with particular attention to low-income minority persons and older individuals living in rural areas);
- (3) older adults with the greatest social need (with particular attention to low-income minority persons and older individuals living in rural areas);
- (4) older adults with severe disabilities;
- (5) older adults with limited English-speaking ability; and

<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.37(a),(b),(1)(2) and (C)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.7( c) and Code of Federal Regulations, 45 CFR 1321.53

(6) older adults with Alzheimer's diseases or related disorders, and information for these older adults or their caretakers, on availability of assistance.

### **1011.9 COORDINATE WITH OTHER STATE AGENCIES**

Chart 13

**Indiana Code 12-10-4-1(16)** The BAIHS shall initiate, evaluate, and provide assistance for improving programs in cooperation with all other state agencies having concerns or responsibilities for the aged.

The BAIHS will coordinate planning, identification, assessment of needs, and services for older persons with disabilities, giving particular attention to persons with severe disabilities, with the appropriate state agencies, to enhance services and develop collaborative programs to meet the needs of older adults with disabilities.<sup>1</sup>

### **1011.10 COORDINATE SERVICES WITH AAAs**

Chart 14

**Indiana Code 12-10-1-5** In carrying out the BAIHS duties under this chapter, the BAIHS shall coordinate service delivery with the area agencies on aging.

The BAIHS will assure that the 16 AAAs will conduct efforts to facilitate the coordination of community-based, long term care services for older adults who:

- (1) live in their home;
- (2) are in a hospital and are at risk of prolonged institutionalization; or
- (3) are patients in long-term care facilities, but who can return to their homes if community-based services are provided by them.

### **1011.11 ASSURE THE QUALITY OF SERVICES**

Chart 15

**United States Code 42 USC 3027(a) (25)** The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provisions of in-home services.

Each AAA is contractually required to survey a percentage of In-Home Services Program recipients to provide a basis for quality-improvement activities in the areas of service quality and client satisfaction. Client-based information is aggregated, preserving confidentiality, and feedback is given to providers.

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<sup>1</sup> United State Code 42 USC 3027 (a)(17)

## **1011.12 TAKE INTO ACCOUNT THE VIEWS OF OLDER ADULTS**

### Chart 16

**Indiana Code 12-10-1-4(3)** The BAIHS shall ensure the participation by the aging in the planning and operation of all phases of the system.

The BAIHS shall provide assurances that the views of older adults of supportive services or nutrition services, or older adults using multipurpose senior centers, shall be taken into account in connection with general policy arising in the administration of the State Plan for any fiscal year.<sup>1</sup>

## **1011.13 DEVELOP AND IMPLEMENT THE STATE PLAN**

### Chart 17

**Indiana Code 12-10-1-4 (6)** The BAIHS shall function as the sole State agency to develop a comprehensive plan to meet the needs of the aged. **Indiana Code 12-10-1-4(10)** The BAIHS shall administer any State Plan for the aging required by federal law.

To receive OAA funding, the BAIHS shall have an approved State Plan that includes all of the objectives and initiatives as prescribed in Section 307(a) of the OAA. In addition, the State Plan shall include all proposals, initiatives and policies identified in the Code of Federal Regulations, 45 CFR 1321.17. (Refer to Section 1106 - State Plan and Appendix 1 – State Plan Provisions Information – Operations Manual.)

## **1012 STATE PLAN**

### CHART 18

**United States Code 42 USC 3025 (a)(1)(A)** The State shall, in accordance with regulations of the Assistant Secretary, designate a State Agency as the sole State Agency to develop a State Plan to be submitted to the Assistant Secretary for approval...

(a) The State Plan outlines how the BAIHS will manage and administer programs authorized under the OAA. The State Plan is submitted to the AoA for approval. For the BAIHS to receive OAA funds, the State Plan must conform to all the requirements of the AoA for such plans. The BAIHS shall implement and administer the State Plan.<sup>2</sup>

(b) The BAIHS may use its own judgment as to the format of the State Plan, how to collect information for the State Plan and whether the plan will remain in effect for 2, 3, or 4 years.<sup>3</sup>

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<sup>1</sup> United States Code, 42 USC 3025(a)(2)(B)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.17

<sup>3</sup> Code of Federal Regulations, 45 CFR 1321.15(a)

## **1012.1 THE BAIHS PROCEDURES REGARDING NEEDS ASSESSMENT FOR THE STATE PLAN**

### Chart 19

**42 USC 3012 (26)** design and implement, ....uniform data collection procedures for use by State agencies, including (A) uniform definitions and nomenclature; (B) standardized data collection procedures; (C) a participant identification and description system; (D) procedures for collecting information on gaps in services needed by older individuals, as identified by service providers in assisting clients through the provision of the supportive services; and (E) procedures for the assessment of unmet needs for services under this chapter;

(a) As part of the State Plan development, the BAIHS may do the following:

- (1) determine the necessity of a statewide needs assessment based on data analysis, data profile of older Hoosiers from available census data, public hearing results, other appropriate documentation and data, and the recommendation of the BAIHS Director.
- (2) refer to *AoA Region V, Regional Office Memorandum 81-73, Subject: State Plans Based on Area Plans*, for guidance regarding needs assessment and the relationship of the AAAs to the creation and implementation of the State Plan.
- (3) use the electronic calendar and develop a written timeline including key deadlines and outcomes.

(b) A statewide needs assessment for aging shall include the following:

- (1) Cover page
- (2) Table of contents
- (3) Executive summary.
- (4) Bibliography/works cited section with complete referencing.
- (5) A section including the following elements of the statewide needs assessment:
  - (A) methodology;
  - (B) survey development, structure and implementation;
  - (C) report structure and design;
  - (D) needs stratification by age;
  - (E) demographic compilations, analysis;
  - (F) discoveries-other areas of need identified by the assessment;
  - (G) results/correlation of survey of demographics;
  - (H) recommendations;
  - (I) other/miscellaneous and any other sections topics determined through negotiation; and
  - (J) appendices to describe any item in greater detail for clarification purposes or any visual representations of data

(c) The BAIHS shall conduct at least 1 public hearing on the findings of the statewide needs assessment and shall provide an opportunity for response from interested individuals, advocates, and any other individual or entity. The public hearing information shall be made available as part of the State Plan.<sup>1</sup>

## **1012.2 THE BAIHS PROCEDURES REGARDING OLDER ADULTS WITH SEVERE DISABILITIES AND THE STATE PLAN**

The State Plan shall provide, with respect to the needs of older adults with severe disabilities, assurances that the state will coordinate planning, identification, assessment of needs, and services for older adults with disabilities with particular attention to older adults with severe disabilities with the state agencies with primary responsibility for older adults with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older adults with disabilities.<sup>2</sup>

### **1012.2.1 THE BAIHS PROCEDURES REGARDING CONFLICT OF INTEREST**

(a) The State Plan shall provide the following assurances:

- (1) no individual (appointed or otherwise) involved in the designation of the State Unit on Aging (the BAIHS) or an AAA, or in the designation of the head of any subdivision of the state agency or of an AAA, is subject to a conflict of interest prohibited under the OAA.<sup>3</sup>
- (2) no officer, employee, or other representative of the BAIHS or an AAA is subject to a conflict of interest prohibited under the OAA; and
- (3) mechanisms are in place to identify and remove conflicts of interest prohibited under the OAA.<sup>4</sup>

### **1012.2 SUBMISSION OF THE STATE PLAN**

(a) The State Plan is submitted to the bi-regional administrator of the AoA, which is located at the following address:

Administration on Aging  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 790  
Chicago, IL 60601-5519

(b) After the State Plan is submitted, it will be reviewed by the AoA. A final approval by the AoA will be needed before the plan can be set in place.

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.27

<sup>2</sup> Older Americans Act, Section 307(a)(11)(B)

<sup>3</sup> Older Americans Act, Section 307 (a)(7)(B)(i)(ii)

<sup>4</sup> Older Americans Act, Section 307(a)(7)(B)(i)(ii)(iii)

(c) No expenditures can be made under a new plan or amendment until it is approved by the AoA.<sup>1</sup>

(d) The State Plan becomes effective on the date designated by the AoA.

(e) The State Plan, at a minimum, must do the following:

(1) conform to the provisions of the OAA;

(2) conform to the regulations found in Part 45 of the Code of Federal Regulations, Chapter 1321;

(3) conform to any other federal or state codes regarding the administration of OAA funds; and

(4) be based on the 16 AAAs area plans.<sup>2</sup>

(f) The State Plan shall be amended as necessary to reflect changes in regulating documents, organization, or policy. Each State Plan, or State Plan amendment which requires approval of the AoA, shall be signed by the Governor or the Governor's designee, the secretary of FSSA, the director of DDARS, and the director of the BAIHS, before being submitted to the AoA. (The signatures are normally obtained on the verification of intent page). The State Plan shall be submitted to the AoA to be considered for approval at least 45 calendar days before the proposed effective date of the State Plan or State Plan amendment.

### **1012.3 THE BAIHS PROCEDURES REGARDING THE STATE PLAN**

(a) The BAIHS shall develop a State Plan, with revisions as necessary, by doing the following:

(1) collecting information from the 16 AAAs, including existing area plans;

(2) using research data from state and national resources;

(3) reviewing federal priority issues;

(4) evaluating the need for services in the state and determining to what extent existing public or private programs meet such needs; and

(5) collecting advice from public hearings and/or advisory bodies.

(b) Procedures for the BAIHS to develop the State Plan may include the following:

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.15(b) and (c)

<sup>2</sup> Older Americans Act, Section 307(a)(1)(B)

- (1) Obtain State Plan development guidelines from the Administration on Aging (AoA) regional office. Refer to Section 307(a) through (f) of the Older Americans Act and Title 45 of the Code of Federal Regulations, Part 1321.17, for a listing of provisions required to be included in the State Plan. (Refer to Appendix 1 - State Plan Provision Information);
- (2) Elect to utilize a 2, 3, or 4 year format;
- (3) Outline State Plan development timeline;
- (4) Gather identified priority needs from the AAA's;
- (5) Develop a data profile on older adults in Indiana;
- (6) Conduct statewide needs assessment activities;
- (7) Analyze the results of needs assessment activities, and outline and identify statewide priority needs;
- (8) Outline and evaluate the existing service delivery system, including services, coordination, advocacy, and training activities;
- (9) Present a summary of needs and priorities to the Indiana Commission on Aging;
- (10) Develop a draft summary of the State Plan;
- (11) Present a State Plan summary to interested entities 18 days prior to conducting public hearing(s) on the plan; (See Section 2012 – Public Hearings);
- (12) Publicize the public hearing(s) at least 18 days prior to the actual public hearing(s), outlining dates, times, and locations, and ensure that older adults in Indiana, public officials, and other interested parties have reasonable opportunities to participate;
- (13) Conduct the public hearing(s). Document written and verbal comments received at the public hearing(s);
- (14) Consider written and verbal comments documented at the public hearing(s) for addition into the revised version of the State Plan, if the comments are deemed appropriate;
- (15) Submit revised State Plan to the appropriate BAIHS and DDARS staff for approval;
- (16) Submit final plan to the director of the BAIHS, the director of DDARS, the director of FSSA and the Governor, for approval;
- (17) Submit final plan to the AoA regional office for approval;



(18) Submit the final plan to the director of the BAIHS and DDARS staff for approval;

(19) Place the State Plan in the appropriate written and electronic formats; and

(20) Post the AoA approved State Plan on the State Website. Copy the AoA approved State Plan onto a compact disc for future use.

#### **1012.4 REQUIREMENTS FOR THE INDIANA STATE PLAN**

The format of the Indiana State Plan may include the following components:

##### **1012.4.1 VERIFICATION OF INTENT**

(a) The Verification of Intent section of the State Plan serves as a cover letter, signatory letter, and summary.

(b) The Verification of Intent section may includes the following:

(1) declaration of submission statement;

(2) short summary of State Plan contents;

(3) signatory page for the director of the BAIHS, the director of DDARS, the secretary of the Indiana FSSA, and the Governor of the state of Indiana.

##### **1012.4.2 BACKGROUND AND INTRODUCTION**

The background and introduction section should do the following:

(1) give an overview of the programs and services administered by the BAIHS;

(2) describe the case-management system used in Indiana;

(3) list the in-home services in Indiana available via the BAIHS and the AAAs;

(4) list other services and programs administered by the BAIHS;

(5) explain quality assurance initiatives; and

(6) define other programs and services.

#### **1012.4.3 MISSION STATEMENTS**

The State Plan should include mission statements for DDARS and the BAIHS.

#### **1012.4.4 STRATEGIES FOR SERVICE DELIVERY AND SYSTEMS ENHANCEMENT**

Strategies for Service Delivery and Systems Enhancement shall outline the direction of the BAIHS regarding the provision of services.

#### **1012.4.5 GENERAL ASSURANCES**

(a) General assurances shall include those tasks and undertakings completed by the BAIHS in accordance with the OAA.

(b) Assurances are divided into the following:

- (1) general administration duties;
- (2) equal employment opportunities and civil rights; and
- (3) provision of services.

#### **1012.4.6 ADMINISTRATION STRUCTURE**

This section shall contain representative charts showing the FSSA structure, DDARS, and the BAIHS.

#### **1012.4.7 PROGRAM GOALS AND OBJECTIVES**

The Indiana State Plan goals and objectives shall be listed in this section and include the following:

- (1) Goals;
- (2) Objectives;
- (3) Tasks;
- (4) Key Indicators; and
- (5) Outcomes.

#### **1012.4.8 STATE PLAN ASSURANCES**

(a) In this section of the State Plan, provisions of the OAA are listed separately and include a short summary of each provision. The provisions are listed by the corresponding section numbers, just as they appear in the OAA.

(b) Also included in the State Plan are the following attachments:

- (1) Indiana area agencies on aging map and listing;

- (2) Description of intrastate funding formula under the OAA;
- (3) Rural funding; and
- (4) Distribution of funding streams.

#### **1012.4.9 STATISTICS**

Statistics listed in the State Plan also shall be verifying assurances and allotments.

#### **1012.4.10 AAA POLICY AND PROCEDURES REGARDING THE STATE PLAN**

At the request of the BAIHS, the 16 AAAs may serve as consultants regarding the content of the State Plan.

#### **1012. 5 STATE PLAN AMENDMENTS**

The BAIHS may amend the State Plan when necessary to show:

- (1) revised or new federal statutes and regulations;
- (2) changes in any law, organization, policy or in the operation of the BAIHS;
- (3) information required annually by sections 307(a)(23) and (29) of the Older Americans Act; or
- (4) any other necessary changes or revisions required by the OAA or the AoA.

##### **1012.5.1 THE BAIHS PROCEDURES REGARDING STATE PLAN AMENDMENTS**

(a) If the BAIHS intends to amend provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (a) or (f), the BAIHS shall:

- (1) contact the AoA representative (telephone contact preferred) for recommendations and guidance regarding the proposed amendment;
- (2) amend the State Plan; and
- (3) submit the proposed amendment to the AoA for approval. The BAIHS need only submit the amended portions of the State Plan.

(b) If the BAIHS amends any of the provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (b) through (d), it shall:

- (1) notify the appropriate AoA representative (telephone contact preferred); and

(2) notify the AoA Commissioner in the manner requested by the AoA representative.

(c) If the BAIHS amends any of the provisions of the State Plan required under the Code of Federal Regulations, Section 45 CFR 1321.17 (a), (e) and (f), the BAIHS shall:

(1) notify the appropriate AoA representative (telephone contact preferred); and

(2) submit the proposed amendment(s) to the AoA Commissioner in the manner requested by the AoA representative.

(d) For an inventory of the provisions required to be in the State Plan, see the Older Americans Act, Section 307, the Code of Federal Regulations, 45 CFR 1321.17 (a) through (f), and the United States Code, Title 42, Section 3027. Also, see Appendix 1 – State Plan Provision Information - Operations Manual.

**More Information on the State Plan can be found in the following:**

Bureau of Aging and In-Home Services Operations Manual - Appendix 1–  
State Plan Provisions

Older Americans Act of 1965, as amended in 2000  
Sections 305(a), 307(a), 705, 712(a)(5)(c)

Code of Federal Regulations  
45 CFR 1321.17  
45 CFR 1321.19  
45 CFR 1321.21  
45 CFR.1321.23

United States Code  
42 USC 3027  
42 USC 3028

State Plan, Indiana Bureau of Aging and In-Home Services, Fiscal Years 2004-2005

## **1013 CONTACT INFORMATION FOR THE BUREAU OF AGING AND IN-HOME SERVICES**

(a) The BAIHS mailing address is as follows:

MS 21  
Bureau of Aging and In-Home Services  
P.O. Box 7083  
Indianapolis, IN 46207-7083

(b) For specific BAIHS staff telephone numbers, call the State Information Center—  
(317) 233-0800

## **1014 AREA AGENCIES ON AGING (AAAs) AND IN-HOME SERVICES**

CHART 20

**Code of Federal Regulations 45 CFR 1321.7(b)** The State agency shall designate area agencies on aging for the purpose of carrying out the mission described ... for the State agency at the sub-State level.

(a) The AAAs are contracted by DDARS (through BAIHS) to carry out a wide range of functions and activities. The AAA network is an established system of 16 private, non-for-profit agencies that arrange for the provision of in-home services to older adults and persons with disabilities through the use of funds endowed by various federal, state, and local sources.

(b) Each AAA is the single point of entry for many services and is the primary resource relative to all aging issues and services on behalf of older adults and persons with disabilities in their particular PSA.

### **1014.1 DESIGNATION OF AN AAA**

(a) When the BAIHS designates a new Area Agency on Aging (AAA), the BAIHS gives the right of first refusal to a unit of general purpose local government if such unit can meet the requirements of the OAA and the boundaries of the unit and the boundaries of the planning and service area are reasonably contiguous.<sup>1</sup>

(b) An Area Agency on Aging may be any of the types of agencies listed below:

- (1) an established office of aging which is operating within a planning and service area (PSA);
- (2) any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an Area Agency on Aging by the chief elected official of such unit;
- (3) any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act on behalf of such combination for such purposes;

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<sup>1</sup> Older Americans Act, Section 305(b)(5)(B)

(4) any public or nonprofit private agency in a planning and service area, or any combination of units of general purpose local government to act on behalf of such combination for such purpose; or

(5) any separate organizational unit within such Agency, which is under the supervision or direction for this purpose of the designated State agency and which can and will engage only in the planning and provision of a broad range of supportive services, or nutrition services within such planning and service area.<sup>1</sup>

(c) The Bureau of Aging and In-Home Services (BAIHS) shall provide assurance that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan, within the PSA.<sup>2</sup>

(d) The BAIHS will give preference to an established office on aging, unless the BAIHS finds that no such office within the PSA will have the capacity to carry out the area plan.

#### **1014.2 MISSION OF THE AAA**

(a) The OAA intends that each AAA shall be the leader relative to all aging issues on behalf of all older adults in their PSA. This means that each AAA shall proactively carry out, under the leadership and direction of the BAIHS, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation. It is designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the PSA. These systems shall be designed to assist older adults in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system as described in the Code of Federal Regulations (CFR) shall do the following:

(1) have a visible focal point of contact where anyone can go or call for help, information, or referral on any aging issue;

(2) provide a range of options;

(3) assure that these options are readily accessible to all older adults: the independent, semi-dependent, and totally dependent, no matter what their income;

(4) include a commitment of public, private, voluntary, and personal resources committed to supporting the system;

(5) involve collaborative decision making among public, private,

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<sup>1</sup> Older Americans Act, Section 305(c)(4)

<sup>2</sup> Older Americans Act, Section 305(c)(5)

voluntary, religious, and fraternal organizations and older people in the community;

(6) provide specific objectives for providing services to older adults with the greatest economic need and older adults with the greatest social need, include specific objectives for providing services to low-income, minority older adults residing in rural areas;

(7) provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) have a unique character that is tailored to the specific nature of the community; and

(10) be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested persons; assess needs; design solutions; track overall success; stimulate change; and plan community responses for the present and for the future.

(c) The resources made available to the AAA under the OAA are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section.

(d) For the purpose of assuring access to information and services for older adults, the AAA shall work with elected community officials in the PSA to designate one or more focal points on aging in each community, as appropriate.

(e) The AAA shall list designated focal points in the area plan. It shall be the responsibility of the AAA, with the approval of the state agency, to define "community" for the purposes of this section. Since the OAA defines focal point as a "facility" established to encourage the maximum collocation and coordination of services for older adults, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points on aging.

(f) The AAA shall assure that services financed under the OAA in, or on behalf of, the community will be based at, linked to, or coordinated with the designated focal points. The AAA shall assure access from the designated focal points to services financed under the OAA. The AAA shall work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with, or access to other services and opportunities for the elderly from the designated community focal points. The AAA may not engage in any activity that is inconsistent with its statutory mission.



## **1015 ADVISORY BODIES**

The BAIHS coordinates and provides staff assistance and support to various advisory bodies, including the following:

- (1) Indiana Commission on Aging<sup>1</sup>
- (2) CHOICE board<sup>2</sup>
- (3) Alzheimer's Disease and Related Senile Dementia Task Force  
(Governor's Task Force on Alzheimer's Disease and Related Dementia)<sup>3</sup>
- (4) Money Management Program Advisory Council<sup>4</sup>

## **1016 INDIANA COMMISSION ON AGING**

Chart 21

**Indiana Code 12-10-2-2 Establishment of Commission** The Indiana state commission on aging is established within the division.

(a) Indiana's Commission on Aging has the responsibility to encourage discussion and study of the problems of older adults. The Commission on Aging assists the BAIHS in the development of a comprehensive plan to meet the needs of older adults.

(b) The commission also works to recognize and promote the organization of voluntary councils for the study of problems of older adults.<sup>5</sup>

### **1016.1 COMMISSION ON AGING MEMBERS**

(a) The Indiana Commission on Aging shall be made up of 16 members who have each been appointed for four-year terms. Terms expire on July 1<sup>st</sup> (at the end of the term), but a member stays in office until a successor is appointed.<sup>6</sup>

(b) Nine commission members constitute a quorum.

### **1016.2 APPOINTMENT OF COMMISSION ON AGING MEMBERS**

(a) The Governor of Indiana has the responsibility to appoint the Commission on Aging members.

(b) The commission must have the following:

- (1) One member from each congressional district;
- (2) No more than half (eight members) from the same political party;
- (3) Sixteen members who are residents of Indiana and have an interest in aging issues;
- (4) The balance of the members appointed at large; and

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<sup>1</sup> Indiana Code 12-10-2-2

<sup>2</sup> Indiana Code 12-10-11-1

<sup>3</sup> Indiana Code 12-10-5-2

<sup>4</sup> Memorandum of Understanding AARP and DDARS

<sup>5</sup> Indiana Code 12-10-2-3

<sup>6</sup> Indiana Code 12-10-2-3

- (5) No more than two residents of the same county appointed as members.<sup>1</sup>

### **1016.3 DUTIES OF THE COMMISSION ON AGING**

The commission shall do the following:

- (1) encourage the study and discussion of the problems of older adults in Indiana;
- (2) promote the organization of and officially recognize voluntary councils for the study and discussion of problems of older adults; and
- (3) assist the BAIHS in the development of a comprehensive plan to meet the needs of older adults.<sup>2</sup>

### **1017 COMMUNITY AND HOME OPTIONS TO INSTITUTIONAL CARE FOR THE ELDERLY AND DISABLED (CHOICE) BOARD**

#### CHART 22

<b>Indiana Code 12-10-11-1 Establishment of Board</b> The community and home options to institutional care for the elderly and disabled board is established.
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(a) The Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE) is a state-funded program that is intended to allow older adults and persons with disabilities to live independently in their own homes or in a community integrated setting.<sup>2 and 3</sup>

(b) The CHOICE board has the responsibilities to do the following:

- (1) establish long-term goals of the state for the provision of a continuum of care for older adults and persons with disabilities;
- (2) review state policies on community and home care services;
- (3) recommend the adoption of state administrative rules;
- (4) recommend legislative changes affecting community and home-care services;
- (5) recommend coordination of the board's activities with the activities of other boards and state agencies concerned with community and home-care services;
- (6) evaluate cost effectiveness, quality, scope, and feasibility of a state-administered system of community and home-care services;
- (7) evaluate programs for financing services to those in need of a continuum

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<sup>1</sup> Indiana Code 12-10-2-3(2)

<sup>2</sup> Indiana Code 12-10-7

<sup>3</sup> Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE) Revised June 1, 2001, Page 1 of 21

of care;

(8) evaluate state expenditures for community and home-care services, taking into account efficiency, client choice, competition, and equal access to providers;

(9) develop policies that support the participation of families and volunteers in meeting the long-term care needs of older adults and persons with disabilities;

(10) encourage the development of funding for a continuum of care from private resources, including insurance;

(11) develop a cost-of-services basis and a program of cost reimbursement for those persons who can pay all or part of the cost of services rendered;

(12) establish long-term goals for the provision of guardianship services for adults and persons with disabilities;

(13) coordinate activities and programs with the activities of other boards and state agencies concerning the provision of guardianship services; and

(14) recommend statutory changes affecting the guardianship of indigent adults.<sup>1</sup>

(c) Additionally, the CHOICE board is to review the annual CHOICE report and submit the report to the general assembly after November 15<sup>th</sup>, and before December 31<sup>st</sup>.<sup>2</sup>

### **1017.1 CHOICE BOARD MEMBERS**

(a) The members of the CHOICE board are appointed by the Governor for two-year terms. The CHOICE board shall meet at least six times a year.<sup>3</sup>

(b) When a vacancy arises, the Governor shall appoint someone to serve for the remainder of the unexpired term.<sup>4</sup>

(c) Currently, there is no quorum definition for the CHOICE board in the Indiana Code. However, the CHOICE board shall establish procedure to govern its deliberations.<sup>5</sup>

(d) The CHOICE board consists of 9 members that include the following:

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<sup>1</sup>Indiana Code, 12-10-11-8 (14)

<sup>2</sup>Indiana Code, 12-10-10-11(b)

<sup>3</sup> Indiana Code, 12-10-11-4

<sup>4</sup>Indiana Code, 12-10-11-2(b)

<sup>5</sup>Indiana Code, 12-10-11-6

- (1) The director of the Division of Family and Children (or the director's designee);
- (2) The chairman of the Indiana State Commission on Aging (or the chairman's designee);
- (3) Two citizens at least 60 years of age, nominated by one or more organizations that represent senior citizens, and have statewide membership;
- (4) One citizen less than 60 years of age nominated by one or more organizations that represent persons with mental illness and have statewide membership;
- (5) One provider who provides CHOICE services;
- (6) One licensed physician, nurse, or nurse practitioner who specializes either in the field of gerontology or in the field of disabilities;
- (7) One home-care services advocate or policy specialist nominated by one or more organizations, associations, or nongovernmental agencies that advocate on behalf of home-care consumers.<sup>1</sup>

**1018 ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA TASK FORCE (ALSO KNOWN AS THE GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE AND RELATED DEMENTIA)**

Chart 23

**Indiana Code 12-10-5-2** The Alzheimer's disease and related senile dementia task force is established.

(a) The Alzheimer's Disease and Related Senile Dementia Task Force has the responsibility to do the following:

- (1) Identify areas of concern to be addressed by the BAIHS.
- (2) Compile available research in the area of Alzheimer's disease or related senile dementia.
- (3) Recommend services to the BAIHS to meet the needs of persons with Alzheimer's disease or related senile dementia, including the needs of the persons' families.
- (4) Recommend the development of training materials by the division for persons who care for or provide services to persons with Alzheimer's disease or related senile dementia.

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<sup>1</sup> Indiana Code, 12-10-11-2(a)(8)

(b) The Alzheimer's Disease and Related Senile Dementia Task Force consists of 13 voting and 4 non-voting members who shall serve 4-year terms and meet at least quarterly. Eight members constitute a quorum.<sup>1</sup>

#### **1018.1 ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA TASK FORCE MEMBERS**

The Alzheimer's Disease and Related Senile Dementia Task Force consists of the following:

- (1) Two representatives of an Alzheimer's disease or related senile dementia support organization;
- (2) Five individuals with expertise in Alzheimer's disease or related senile dementia, including at least one physician with an unlimited license to practice medicine, and one psychologist with a license to practice psychology;
- (3) Two health-care providers that provide services to persons with Alzheimer's disease or related senile dementia;
- (4) One individual whose parent, spouse, brother, or sister is or was afflicted with Alzheimer's disease or related senile dementia; and
- (5) The director of the BAIHS (or the director's designee);
- (6) The commissioner of the State Department of Health (or the commissioner's designee);
- (7) One representative of the Division of Mental Health and Addiction;
- (8) Two members of the House of Representatives appointed by the Speaker of the House of Representatives; and
- (9) Two members of the Senate appointed by the president pro tempore.<sup>2</sup>

#### **1019 MONEY MANAGEMENT SERVICES PROGRAM ADVISORY COUNCIL**

Chart 24

**Memorandum of Understanding Between AARP and the Division of Disability, Aging and Rehabilitative Services (DDARS), Article IV** DDARS will establish a Statewide Advisory Council, be responsible for its staffing and ongoing operation, and convene it at least quarterly.

(a) The purpose of the Money Management Program Advisory Council is to assist the BAIHS by developing and implementing a statewide program of early intervention services as an alternative to guardianships for vulnerable lower income persons.

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<sup>1</sup> Indiana Code, 12-10-5-5

<sup>2</sup> Indiana Code, 12-10-5-3(a)(9)

(b) The advisory council works with the BAIHS to expand the availability of representative payee and bill-payer services through the operation of a statewide money management program. Members do not receive any reimbursement fees or per diem.<sup>1</sup>

(c) The memorandum of understanding between DDARS and AARP/Legal Council for the Elderly provides for the establishment of a local advisory council in conjunction with the Money Management Program.

(d) The Money Management Program Advisory Council shall do the following:

- (1) provide a network of support and guidance and issue resolutions for the program and its participants;
- (2) act as public liaison to inform the public and increase public awareness of the program; and
- (3) assist, through a separate ad hoc committee, local program sites in seeking financial support.

#### **1019.1 MONEY MANAGEMENT PROGRAM ADVISORY COUNCIL MEMBERS**

(a) The local Money Management Program Advisory Council consists of representatives from 14 organizations and professions who meet quarterly. A majority of the members constitutes a quorum.

(b) The State Advisory Council will be made up of interested and knowledgeable individuals that are able to refer clientele in order to increase the size of local programs.

(c) Bankers, legal services staff, caseworkers, person involved with guardianship services, local business people who have an interest in serving vulnerable populations, individual associated with academic institutions with finance or social service focus are all examples of individuals that would be appropriate candidates for the State Advisory Council.

(d) Local coordinators will serve on a committee that will report to the State Advisory Council. Members will serve two-year renewable terms. All votes will be decided by a simple majority. The council meets on a quarterly basis.

(e) Coordinators will serve on a coordinators subcommittee. A member will serve during the time they work as a Money Management Coordinator.

#### **1020 PLANNING AND SERVICE AREAS (PSAs)**

The objective of dividing Indiana into separate planning and service areas (PSAs) is to enhance the provision of services at the local level.

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<sup>1</sup> Memorandum of Understanding with the American Association of Retired People (AARP)

## **1021 INDIANA'S 16 PLANNING AND SERVICES AREAS (PSAs)**

The state of Indiana is divided into 16 distinct PSAs, which are served by 16 designated AAAs. The BAIHS shall maintain the current PSAs until it determines that the present geographic boundaries should be changed to better accomplish the purposes of the BAIHS and the OAA.

### **1021.1 REDESIGNATION OF A PSA**

(a) If the BAIHS finds a need to redesignate or change present PSA boundaries, at that time, any unit of general-purpose local government; any region within Indiana recognized for area-wide planning; or an Indiana metropolitan area, or Indian Reservation, may make an application to the BAIHS to be designated as a PSA, in accordance with, and by following the BAIHS procedures.<sup>1</sup>

(b) The BAIHS may designate a PSA to any unit of general-purpose government that has a population of 100,000 or more.<sup>2</sup>

(c) A PSA is designated by the BAIHS only after many objectives are taken into consideration. If it is determined that the present PSA boundaries should be redesignated or changed for any reason, the BAIHS shall consider the following:

- (1) The geographical distribution of older adults (aged 60 or older) in Indiana;
- (2) The incidence of need for supportive services, nutrition services, multi-purpose senior centers, and legal assistance;
- (3) The distribution of older adults who have greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas) residing in such areas;
- (4) The distribution of older adults who have a greatest social need (with particular attention to low-income minority persons and older adults residing in rural areas) residing in such areas;
- (5) The distribution of older adults who are American Indians residing in such areas;
- (6) The distribution of resources available to provide such services or centers;
- (7) The boundaries of existing areas within Indiana that were drawn for the planning or administration of supportive services programs; and
- (8) The location of units of general-purpose local government within Indiana, and any other relevant factors.<sup>3</sup>

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.29(a)

<sup>2</sup> United States Code, 42 USC 3025(b)(1)

<sup>3</sup> United States Code, 42 USC 3025(a)(1)(E)

## **1021.2 DENIAL OF AN APPLICATION FOR DESIGNATION AS A PSA**

- (a) If the BAIHS denies an applicant for designation as a PSA, the BAIHS shall provide a hearing on the denial of the application, if requested by the applicant, as well as issue a written decision.<sup>1</sup>
- (b) Any entity whose application for designation as a PSA is denied, may appeal the denial to the BAIHS, using the appropriate procedures specified by the BAIHS.
- (c) Any entity whose application for designation as a PSA is denied, and who has been provided a hearing and a written decision by the BAIHS, may appeal the denial to the commissioner of aging in writing within 30 days following receipt of a hearing decision.<sup>2</sup>

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<sup>1</sup>More information can be found in Section 4 – HEARINGS AND APPEALS PROCESS

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.29 (c)



**1022 CONTACT INFORMATION FOR THE 16 AREA AGENCIES ON AGING**  
**CHART 25**

**Indiana's 16 AAAs**  
**Counties Served and Location**

**Area 1**

Jasper, Lake, Newton, Porter, Pulaski, Starke  
Northwest Indiana Community Action Corp.  
5518 Calumet Ave.  
Hammond, IN 46320  
(800) 826-7871

**Area 2**

Elkhart, Kosciusko, LaPorte, Marshall, St. Joseph  
REAL Services, Inc.  
PO Box 1835  
South Bend, IN 46634  
(800) 552-2916

**Area 3**

Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Stueben, Wells, Whitley  
Aging & In-Home Services of Northeast Indiana, Inc.  
2927 Lake Avenue  
Fort Wayne, IN 46805-5415  
(800) 552-3662

**Area 4**

Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, White  
Area Agency and Community Action Programs  
PO Box 4727  
Lafayette, IN 47903  
(800) 382-7556

**Area 5**

Cass, Fulton, Howard, Miami, Tipton, Wabash  
Area 5 Agency on Aging & Community Services  
1801 Smith St., Suite 300  
Logansport, IN 47947  
(800) 654-9421

**Area 6**

Blackford, Delaware, Henry, Jay, Madison, Randolph, Grant  
LifeStream Services, Inc.  
PO Box 308  
Yorktown, IN 47396  
(800) 589-1121

Area 7

Clay, Parke, Putnam, Sullivan, Vermillion, Vigo  
West Central Indiana Economics Development District, Inc. (WCIEDD)  
PO Box 359  
Terre Haute, IN 47803  
(800) 489-1561

Area 8

Boone, Hancock, Hamilton, Hendricks, Johnson, Marion, Morgan, Shelby  
Central Indiana Council on Aging and In-Home Solutions (CICOA)  
4755 Kingsway Drive, Suite 200  
Indianapolis, IN 46205  
(800) 489-9550

Area 9

Fayette, Franklin, Rush, Union, Wayne  
In-Home & Community Services Agency  
520 S. 9th St., Suite 100  
Richmond, IN 47374  
(800) 458-9345

Area 10

Monroe, Owen  
Agency on Aging  
7500 W. Reeves Rd.  
Bloomington, IN 47404  
(800) 844-1010

Area 11

Bartholomew, Brown, Decatur, Jackson, Jennings  
Aging & Community Services of  
South Central Indiana, Inc.  
1531 13th St, Suite G900  
Columbus, IN 47201  
866-644-6407

Area 12

Dearborn, Jefferson, Ohio, Ripley, Switzerland  
LifeTime Resources, Inc.  
13091 Benedict Drive  
Dillsboro, IN 47018  
(800) 742-5001

Area 13

Daviess, Dubois, Greene, Knox, Martin, Pike  
Generations  
1019 N. 4th St., PO Box 314  
Vincennes, IN 47591  
(800) 742-9002

Area 14

Clark, Floyd, Harrison, Scott  
Lifespan Resources, Inc.  
426 Bank Street, Suite 100. P.O. Box 995  
New Albany, IN  
47151  
(888) 948-8330

Area 15

Crawford, Lawrence, Orange, Washington  
Hoosier Uplands  
521 W. Main St.  
Mitchell, IN 47446  
(800) 333-2451

Area 16

Gibson, Perry, Posey,  
Spencer, Vanderburgh, Warrick  
South West Indiana Regional Council on Aging (SWIRCA)  
16 W. Virginia, PO Box 3938  
Evansville, IN 47737  
(800) 253-2188

Chart 26



### **1023 INDEPENDENT CASE MANAGERS**

(a) All case managers must be certified through the Office of Medicaid Policy and Planning (OMPP).

(b) Case-management services can be provided to older adults and persons with disabilities by private, independent case-management companies or by individual case managers outside of the AAAs, if the personnel providing the case-management services meet the minimum qualifications for an individual case manager.

(c) Individual case managers must be able to supply a grade of case management services that is equal to that of a case manager employed by an AAA. Most services provided by the AAA case managers can also be supplied by independent case managers.

(d) Services that may NOT be supplied by independent case managers or independent case management companies are as follows:

- (1) initial applications for Medical Model Waivers or Medicaid Waivers; and
- (2) CHOICE-funded services.

### **1024 SERVICE PROVIDERS**

Service providers are organizations, businesses, companies, and individuals that are under contract with AAAs to deliver various services to eligible older adults and persons with disabilities. Medicaid Waiver providers are under contract with the OMPP to deliver specific services to eligible older adults and persons with disabilities.

### **1025 SENIOR CENTERS**

Senior centers are facilities that offer a broad spectrum of services to older adults, including health, social, and educational services. Many senior centers also serve as congregate meal sites. Senior centers are the hub of community services and often are the designated focal points for comprehensive service delivery to older adults.

## **More Information can be found in the following:**

Bureau of Developmental Disabilities Services - Service Definitions and Standards Manual, Effective 7/1/03

Code of Federal Regulations  
1300 -1399

Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE) – Guidelines and Procedures

Family and Social Services Administration Employee Orientation Manual

Governor's Commission on Home and Community Based Services Fact Book – April 24, 2003

Indiana Medicaid Home and Community-Based Waiver Services - A Guide for Consumers Third Edition, September, 2002

Indiana State Plan for Aging and In-Home services- Fiscal Years 2000-2003

Older Americans Act of 1965, as amended in 2000

Statewide IN-Home Services 2002, Annual Report, July 1, 2001 – June 30, 2002

United State Code  
42 USC 3021 to 3700 - Public Health and Welfare

## **Websites**

Administration on Aging – [www.aoa.gov](http://www.aoa.gov)

Access Indiana – [www. IN.GOV](http://www.IN.GOV)

Indiana Association for Area Agencies on Aging – [www.IAAAA.org](http://www.IAAAA.org)

For ordering hard copies of Federal documents - GPO Access - [www.access.gpo.gov](http://www.access.gpo.gov)

FSSA Website (Intranet)

## **SECTION 2**

### **ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE INDIANA AGING AND IN-HOME SERVICES NETWORK**

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- 2003.6 Conflict of Interest Rules

##### **2004 CONFIDENTIALITY**

- 2004.1 Ethics Training
- 2004.2 AAA Policy and Procedures Regarding Confidentiality

##### **2005 COORDINATION**

- 2005.1 The BAIHS Procedures Regarding Coordination of Services
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##### **2006 DIRECT DELIVERY OF SERVICES**

- 2006.1 The BAIHS Procedures Regarding Direct Delivery of Services
- 2006.2 AAA Policy Regarding Direct Delivery of Services
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## 2007 INFORMATION SHARING

- 2007.1 The BAIHS Policy Regarding Information Sharing
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  - 2007.2.1 Marketing Materials
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- 2008.1 The BAIHS Procedures Regarding Monitoring and Assessment
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  - 2008.1.2 Assessment
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## 2009 NEEDS ASSESSMENT

- 2009.1 The BAIHS Procedures Regarding Needs Assessment
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## 2010 PRIORITY SERVICES

- 2010.1 The BAIHS Procedures Regarding Priority Services
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## 2011 REPORTING REQUIREMENTS

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## 2012 PUBLIC HEARINGS

- 2012.1 The BAIHS Procedures Regarding Public Hearings
- 2012.2 Additional BAIHS Actions that Require Public Hearings
- 2012.3 AAA Actions that Require Public Hearings
  - 2012.3.1 Area Plans or Area Plan Amendments
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## 2013 TARGET POPULATIONS

2013.1 The BAIHS Procedures Regarding Target Populations

2013.2 AAA Policy and Procedures Regarding Target  
Populations (For Other than CHOICE Service Funds)

2013.3 AAA Policy and Procedures Regarding Target  
Populations for CHOICE Service Funds

## **2000 ADMINISTRATIVE AREAS OF RESPONSIBILITY OF THE INDIANA AGING AND IN-HOME SERVICES NETWORK**

The BAIHS and the AAAs have responsibilities related to the provisions of the Older Americans Act (OAA) and to other federal and state funding sources. Responsibilities are listed in this section of the Operations Manual.

### **2001 ADVOCACY**

Chart 27

**Older Americans Act 305 (a) (1) (D)** In order for a State to be eligible to participate in programs of grants to States from allotments under this title, the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to serve as an effective and visible advocate for older individuals and provide assistance to any agency, organization, association, or individual representing the needs of older individuals.

The BAIHS shall serve as a visible advocate on behalf of older adults within Indiana and shall undertake specific advocacy efforts focused on the needs of low-income minority older adults.<sup>1</sup>

#### **2001.1 THE BAIHS PROCEDURES REGARDING ADVOCACY**

(a) The BAIHS shall serve as the advocate and focal point for older adults within the community by reviewing, monitoring, evaluating and commenting upon all policies, programs, hearings, laws, levies, and community actions which will affect older adults.<sup>2</sup>

(b) The BAIHS shall:

- (1) provide technical assistance to agencies, organizations, associations, or individuals representing older adults;
- (2) review and comment upon request on applications to State and Federal agencies for assistance relating to meeting the needs of older adults; and
- (3) provide a focal point for advocacy, coordination, monitoring, and evaluation of programs for older adults and persons with disabilities.<sup>2</sup>

#### **2001.2 AAA POLICY REGARDING ADVOCACY SERVICES**

(a) The AAA shall serve as the lead agent for the BAIHS relative to all older adult issues and shall carry out the function of advocate to help lead the development or enhancement of comprehensive and coordinated community-based systems in or serving each community in the planning and service area (PSA).<sup>3</sup>

(b) In addition, the AAA shall undertake specific advocacy efforts focused on the needs of low-income minority older adults.

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<sup>1</sup> Code of Federal Regulations, 45 CFR 1321.13

<sup>2</sup> Indiana Code 12-10-1-4(4)

<sup>3</sup> United States Code, 42 USC 3026(a)(6)(B)

### **2001.3 AAA PROCEDURES REGARDING ADVOCACY SERVICES**

The AAA shall do the following:

- (1) monitor, evaluate, and, comment on all policies, programs, levies, and community actions that affect older adults;
- (2) solicit comments from the public on the needs of older adults;
- (3) represent the interests of older adults to local level and executive-branch officials and public and private agencies or organizations;
- (4) consult with and support the state's ombudsman program;
- (5) undertake on a regular basis activities designed to facilitate the coordination of plans and activities with all other public and private organizations with responsibilities affecting older adults in the PSA to promote new or expanded benefits and opportunities for older adults; and
- (6) undertake a lead agent role for the BAIHS in assisting communities throughout the PSA to target resources from all appropriate sources to meet the needs of older adults with greatest economic or social need, with particular attention to low-income minority individuals, including such activities as location of services and specialization in the types of services most needed by older adults. The AAA may not permit a service provider to employ a means test for advocacy services funded.

### **2002 AREA PLAN**

- (a) Each of the 16 AAAs shall develop and prepare a 2, 3, or 4 year area plan regarding funds and services with adjustments to be made on an annual basis.<sup>1</sup>
- (b) Needs assessments must be completed and results provided to the BAIHS upon submission of a new area plan.
- (c) The area plan is designed to provide program information for all funding sources and budget information for all grants and allocations. If the area plan is approved by the BAIHS, it will serve as the basis of agreement between the BAIHS and the AAA.
- (d) AAA designation shall be withdrawn if the BAIHS finds that an area plan or plan amendment cannot be approved.<sup>2</sup>

### **2002.1 THE BAIHS PROCEDURES REGARDING THE AREA PLAN**

- (a) To insure that each AAA has met all the requirements of the Older Americans Act (OAA), associated regulations, state law, and the BAIHS policies regarding area plans,

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<sup>1</sup> Older Americans Act, Section 306 (a)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.35(a)(2) Also, refer to the Older Americans Act 306(e)(1) regarding failure to submit an area plan or a required revision or if the area plan or amendment cannot be approved.

the BAIHS shall provide each AAA with the following:

- (1) Required area plan format;
- (2) Criteria for area plan approval;
- (3) Instructions for developing the area plan;
- (4) Date the plan is due at the BAIHS, and
- (5) Plan review schedule.

(b) Following the receipt of the area plan in the BAIHS office, the BAIHS review team shall review the plan to assure compliance with federal and state regulations before the area plan is reviewed by the Indiana Commission on Aging. Necessary revisions will be requested prior to the scheduled date for the Commission review of the area plan. The Commission on Aging shall review each area plan and make recommendations for approval or disapproval to the BAIHS. The BAIHS shall establish Commission review dates for each area plan. The BAIHS maintains final authority on area plan approval.

(c) Upon approval of the plan, the BAIHS shall issue a notification of the grant award and/or contract prior to the beginning date of the funding period.

(d) The BAIHS shall monitor, assess, and evaluate the implementation of the area plan and provide the AAAs with technical assistance as required.

## **2002.2 AREA PLANS AND TARGET POPULATIONS**

The BAIHS shall develop an area plan format that requires AAAs to provide specific information and objectives regarding services for target populations that include:

- (1) composition of the advisory council; and
- (2) methods to be used in serving the target populations.

## **2002.3 AREA PLANS AND PUBLIC HEARINGS**

Each AAA shall have and implement:

- (1) hearings for needs assessments prior to submitting an area plan to the BAIHS for review; and
- (2) area-wide public hearings on the area plan prior to an area plan review.<sup>1</sup>

## **2003 CONFLICT OF INTEREST**

Chart 28

**40 IAC 2-1-9 Conflict of interest; prohibitions Authority: IC 4-2-6-3 Affected: IC 4-2-6-9; IC 35-44-1-3**  
Sec. 9. (a) A state officer or employee shall not engage in conduct that constitutes a conflict of interest. It is the state officer's or employee's duty to determine if a potential conflict of interest exists, to avoid the conflict, if possible, or, where applicable, to disclose a conflict (b) A state officer or employee shall not solicit or accept compensation other than that provided for by law for such state officer or employee for the performance of official duties.

<sup>1</sup> See Section 2010.3 and 2010.3.1 for more information about Area Plan Hearings.

- (a) Conflict of interest refers to ethical conduct in the workplace wherein the public obligations and the private interests of an employee may be in conflict and could influence the employee's judgment.
- (b) No employee or representative of the BAIHS or an AAA shall be subject to a conflict of interest prohibited under the OAA.<sup>1</sup>
- (c) No employee or representative of the BAIHS should use his or her position with the BAIHS or information acquired during employment with the BAIHS in a manner that may create a conflict or the appearance of a conflict, between the employee's personal interests and those of the BAIHS or of the FSSA.
- (d) All activities conducted as an employee of the BAIHS should always place the lawful and legitimate interests of the BAIHS over personal gain.
- (e) Absent written authorization by the BAIHS, no employee shall be affiliated with any buyer, purchasing agent, or provider of goods or services to the BAIHS or FSSA. Such affiliation generally is inconsistent with the employee's capacity to deal with all providers; to fairly and honestly service the public interest; and to discharge his or her responsibility to the BAIHS or FSSA.

### **2003.1 CONFLICT OF INTEREST SITUATIONS**

Conflict of interest may exist in the following situations:

- (1) Employment situations in which relatives are involved in a supervisory-subordinate relationship; or
- (2) A business relationship wherein an employee stands to gain financially from transactions, purchases, property, services, or any other type of contractual relationship that would not "maintain the integrity and public purpose of services provided.

### **2003.2 THE BAIHS POLICY REGARDING AN AAA CONFLICT OF INTEREST SITUATION**

- (a) The Indiana Department of Administration (IDOA) may cancel any contract with any AAA, without recourse by the AAA, if a conflict of interest situation arises and is not satisfactorily resolved, within a reasonable amount of time.<sup>2</sup>
- (b) The IDOA will not exercise its right of cancellation, if the AAA obtains a written opinion from the State Ethics Commission indicating that the conflict of interest has been resolved and/or does not violate any statute or code, relating to conflict of interest or ethical conduct.
- (c) The IDOA may take action, including cancellation of the contract consistent with a written, official opinion of the State Ethics Commission, regarding a possible conflict of interest situation or ethical conduct violation.

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<sup>1</sup> Older Americans Act, Section 307 (a)(7)(B)(i)(ii)(iii)

<sup>2</sup> See the 'Conflict of Interest' section of the Contract Agreement

### **2003.3 THE BAIHS PROCEDURES REGARDING CONFLICT OF INTEREST**

If an employee has any reason to believe there may be a conflict of interest, he or she should immediately disclose the matter to an immediate supervisor or the ethics officer.

#### **2003.3.1 NEPOTISM**

Chart 29

##### **Indiana Code 4-15-7-1 Nepotism**

Sec. 1. (a) No person being related to any member of any state board or commission, or to the head of any state office or department or institution, as father, mother, brother, sister, uncle, aunt, a husband or wife, son or daughter, son-in-law or daughter-in-law, niece or nephew, shall be eligible to any position in any such state board, commission, office, or department or institution, as the case may be, nor shall any such relative be entitled to receive any compensation for his or her services out of any appropriation provided by law...b) This section shall not apply if such person has been employed in the same position in such office or department or institution for at least twelve (12) consecutive months immediately preceding the appointment of his relative as a board member or head of such office, department, or institution. (c) This section does not apply to the authority of the board of trustees of a state educational institution (as defined in IC 20-12-0.5-1) to employ any person the board considers necessary under IC 20-12-1-4.

(a) To establish uniform guidelines within the BAIHS, the hiring of family members is restricted. Persons related to any member of any state board or commission or to the head of any state office, department, or institution:

(1) shall not be eligible to hold any position within the same entity; and

(2) are not eligible to receive any compensation for services out of any appropriation.

(b) The restrictions do not apply if the person has been employed in the same position within the office, department, or institution for 12 consecutive months immediately preceding the appointment of his or her relative as a board member or head of such office, department, or institution.

(c) No persons related as father, mother, brother, sister, husband, wife, son, daughter, uncle, aunt, son-in-law, daughter-in-law, niece, or nephew may be placed in a direct supervisory-subordinate relationship.<sup>1</sup>

#### **2003.4.2 ACCEPTANCE OF GIFTS**

(a) State employees, including employees of the BAIHS, are not permitted to accept any gifts, meals, or similar items from vendors and lobbyists if they do business with the Family and Social Services Administration (FSSA).

(b) Employees of the BAIHS have the responsibility to contact their supervisor, the FSSA Ethics Officer or the State Ethics Commission whenever there are questions involving gifts from vendors.<sup>2</sup>

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<sup>1</sup> Indiana Code, 4-15-7-1(d)

<sup>2</sup> FSSA Policies and Procedures Manual -AD1-20

### **2003.5 AAA POLICY AND PROCEDURES REGARDING CONFLICT OF INTEREST**

(a) An AAA may not contract for services with any entity that is owned or controlled by any of the following:

- (1) A member of the AAA's board of directors, or
- (2) A member of the AAA staff; or
- (3) A relative of any member of the AAA's board of directors, or executive staff, including the executive director.

(b) The AAA shall disclose to the Indiana Department of Administration (IDOA) the following:

- (1) when an individual executing a grant for the AAA, awarded through the BAIHS becomes a State employee; or
- (2) when an individual who has an interest of 3% or more of an entity receiving a grant awarded through the BAIHS, becomes a State employee; or
- (3) when a spouse or unemancipated child of an individual that is executing a grant for the AAA or has an interest of 3% or more of an entity receiving a grant through the BAIHS, becomes a State employee.
- (4) If a person or entity provides case management services to an older adult or a person with disabilities, then that person or entity shall not provide any other service under this article to that particular individual or any other individual under the medical Medicaid Waivers, unless a Waiver is received and approved by the BAIHS. <sup>1</sup>

#### **2003.5.1 AREA PLAN ASSURANCES REGARDING CONFLICT OF INTEREST**

(a) The Area Plan shall provide assurances that funds received under the OAA will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement the OAA.<sup>2</sup>

(b) If an AAA wishes to contract with a service provider that is contrary to this section, either because an alternative service provider is not available or because it is in the best interest of the client, an AAA must request and be granted a waiver from the BAIHS. The AAA shall not contract with that service provider unless the BAIHS grants the waiver.

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<sup>1</sup> 460 IAC 1.1-19-9

<sup>2</sup> Older Americans Act, Section 306(a)(14)

## **2003.6 CONFLICT OF INTEREST RULES**

### Chart 30

#### **460 IAC 1-5-10 CONFLICT OF INTEREST (ADULT GUARDIANSHIP SERVICES)**

Sec. 10. (a) The provider shall avoid even the appearance of a conflict of interest or impropriety when dealing with the needs of the recipient. Impropriety or conflict of interest refers to a situation in which the provider has a personal or financial interest, or both, that may be perceived as self-serving or adverse to the position or the best interest of the recipient.

(c) The provider's adult guardianship services program volunteers shall be free from conflict of interest.

(d) The provider's adult guardianship services program advisory committee shall have a written plan for resolving conflicts of interest.

#### **460 IAC 1-4-9 CONFLICTS OF INTEREST (CHOICE RULE)**

Sec. 9. (a) The AAA shall not contract for CHOICE services with any service provider that is owned or controlled by a member of the AAA's board of directors or a member of the AAA's staff. (b) The AAA shall not contract for CHOICE services with any service provider that is owned or controlled by a relative (father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, grandmother, grandfather, grandson, or granddaughter) of any member of the AAA's board of director or executive staff, including the executive director. (c) An AAA that wishes to contract with a service provider contrary to this section, due to the lack of an alternative provider or because it is in the best interest of the participant, must request and be granted a waiver from the division.

#### **460 IAC 1-7-11 CONFLICT OF INTEREST; STATE OMBUDSMAN (LTC OMBUDSMAN) AND STATE LEVEL OFFICE STAFF**

Sec. 11. Any individual who has the following conflicts of interest, or any individual who has an immediate family member with these conflicts of interest, shall not be appointed as state ombudsman or to the staff of the state office:

(1) Having a financial interest in a long term care facility or a long term care service within three (3) years before the date of appointment.

(2) Employment in a long term care facility within one (1) year before the date of appointment.

(3) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(4) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(5) Current membership in a trade association of long term care facilities.



**460 IAC 1-7-12 CONFLICT OF INTEREST; BOARD MEMBERS, (OMBUDSMAN)  
OFFICERS, AND EMPLOYEES OF LOCAL OMBUDSMAN ENTITIES**

Sec. 12. (a) Board members of the local ombudsman entity who are not free from conflicts of interest shall not participate in any discussion or vote on any matters pertaining to the program, and such refusal shall be made a part of the minutes or other official record of the local entity's board of directors or other comparable governing body. Such conflicts of interest include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

(b) In order to receive and maintain designation or to be redesignated as a local ombudsman entity, officers of those entities seeking to be designated or redesignated as local ombudsman entities shall be free from conflicts of interest, which include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

(c) In order to receive designation, or redesignation, as a local ombudsman entity, employees of those entities who supervise a local ombudsman shall be free from conflicts of interest, which include the following:

(1) Current direct involvement in the licensing or certification of a long term care facility or a provider of a long term care service.

(2) Current employment in, contractual arrangement with, or participation in the management of a long term care facility.

(3) A current financial interest in a long term care facility or a long term care service.

(4) Current membership in a trade association of long term care facilities.

**460 IAC 6-19-9 CONFLICT OF INTEREST (SUPPORTED LIVING CASE MANAGEMENT)**

Sec. 9. If a person provides case management services to an individual, then that person shall not provide any other service under this article to that particular individual.

## **2004 CONFIDENTIALITY**

(a) Except as properly authorized by the BAIHS or the FSSA, it is the responsibility of all employees to maintain the confidentiality of all information not required by law to be disclosable to the public including electronic mail, memorandums and conversations.

(b) According to the FSSA Code of Conduct, all employees who suspect violations of the letter or spirit of the Code of Conduct have an obligation to report their concerns to the BAIHS or the FSSA designated ethics officer. Employees may also relate their suspicions or specific incidents to any member of the State Ethics Commission.

(c) No adverse action shall be taken or permitted against anyone for communicating legitimate concerns to the appropriate persons. While an investigation will be facilitated if the employee identifies himself or herself, the BAIHS or FSSA will accept and investigate matters submitted anonymously. Also, see Section 7, Health Insurance and Portability Act of 1996.

### **2004.1 ETHICS TRAINING**

(a) All employees and contractors under the jurisdiction of the State Ethics Commission are expected to follow the rules outlined in the *Indiana Code of Ethics for the Conduct of State Business* document.

(b) All new employees should complete training regarding State ethics requirements on the first day of work following the beginning of a contract term or pursuant to an internal requisition if, in the judgment of the division director or the Secretary, the contractor will work more than 30 hours a week for more than 26 weeks during any 1 year period.<sup>1</sup>

### **2004.2 AAA POLICY AND PROCEDURES REGARDING CONFIDENTIALITY**

The AAA shall agree that all information, including but not limited to information concerning older adults or person with disabilities, received by the AAA or a service provider, in administering the terms and provisions of a contract agreement between the BAIHS and the AAA, shall be received and maintained in a confidential manner corresponding with the condition set forth in the contract agreement and the requirements of the Older Americans Act, the Indiana Code and any other applicable laws and regulations.

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<sup>1</sup> FSSA Policies and Procedures Manual - HR2-20

## **2005 COORDINATION**

### **Chart 31**

**Indiana Code 12-10-1-4(1)** The bureau shall perform the following duties: Provide a comprehensive and coordinated service system for Indiana's aging population, giving high priority to those individuals in greatest need.

**Indiana Code 12-10-1-5** Coordination of Services with Area Agencies. In carrying out the bureau's duties under this chapter, the bureau shall coordinate service delivery with the area agency on aging.

**Code of Federal Regulations 45 CFR 1321.7** The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means the State agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in or serving, communities throughout the state. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

The BAIHS shall ensure the maximum availability of services to older adults and persons with disabilities through the following coordination and resource activities:

- (1) Coordination of the BAIHS and the AAAs needs assessments;
- (2) Monitoring, oversight and statewide coordination in the development and implementation of the Area Plans;
- (3) Development of the State Plan; and
- (4) Contracting with the AAAs to carry out assessment and plans needs and goals.

### **2005.1 THE BAIHS PROCEDURES REGARDING COORDINATION OF SERVICES**

The following procedures are applicable to ensure coordination of services to older adults and persons with disabilities;

- (1) Identify national and state programs which impact or could impact older adults and persons with disabilities;
- (2) Participate in organizations developed for purposes of information sharing, joint planning and service delivery;
- (3) Establish public/private coalitions to address the growing needs of older adults;
- (4) Enter into cooperative agreements with state agencies and organizations in order to clearly outline respective responsibilities and expected outcomes;
- (5) Extend opportunities for participation in the BAIHS sponsored training to state health and social service agencies and organizations that serve and/or advocate for older adults; and
- (6) Extend opportunities for participation in the BAIHS sponsored training to

businesses and organizations which improve the skills of the BAIHS staff and otherwise further the interests and needs of older adults and persons with disabilities.

## **2005.2 AAA POLICY AND PROCEDURES REGARDING COORDINATION OF SERVICES**

### **Chart 32**

**Indiana Code 12-10-1-6** The Area Agencies on Aging designated by the Bureau in each planning and service region shall coordinate, in cooperation with other agencies or organizations in the area, region, district, or county, all programs and activities providing health, recreational, educational, or social services for the aged.

(a) Each AAA and its service providers shall coordinate planning and service delivery with other agencies and organizations within the PSA.

(b) The AAA shall do the following:

(1) initiate new services and pursue resource development at the local and area levels.

(2) have a process in place that invites participation for the development and implementation of the area plan and the CHOICE plan from a variety of sources, including consumers, providers, advocacy groups, independent living centers, hospitals, nursing homes, and the general public; and

(3) conduct evaluations, at least on an annual basis, of providers and projects delivering services to older adults and persons with disabilities.

## **2006 DIRECT DELIVERY OF SERVICES**

No supportive services, nutrition services, or in-home services will be directly provided by the BAIHS or an AAA, except where, in the judgment of the BAIHS:

(1) provision of the service by the BAIHS or an AAA is necessary to assure an adequate supply of services;

(2) services are directly related to the BAIHS or an AAAs administrative functions; or

(3) services of comparable quality can be provided more economically by the BAIHS or an AAA.<sup>1</sup>

## **2006.1 THE BAIHS PROCEDURES REGARDING DIRECT DELIVERY OF SERVICES**

(a) The BAIHS shall develop and utilize a standard area plan format that includes provisions for submission of requests for waivers for AAAs to provide direct services.

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<sup>1</sup> Older Americans Act, Section 307(a)(8)(A) (iii)

(1) Direct service waivers are not required for the provision of the following services:

- (A) Ombudsman;
- (B) Case Management; or
- (C) Information and Assistance/Referral (I & A/R) services.

(2) Waivers are not required for an AAA to directly provide the services listed above, however, the requesting AAA must submit a direct service waiver request form to the BAIHS for each service, for monitoring and information purposes

(3) the request form should contain the following:

- (A) Full name of the service; and
- (B) Valid signature of the executive director (or designee) of the requesting AAA and date of request (written in blue ink).

(b) The information/questions portion of the form does not need to be completed when requesting a direct delivery of service waiver for Ombudsman, Case Management or Information and referral services.

(c) The direct service waiver form shall be submitted at the same time of a new area plan submission, but does not need to be updated until a subsequent new area plan is submitted.

(d) Other direct services that the AAA wants to provide shall be requested through the submission of a fully completed direct services waiver form. If direct service waiver approval is granted, it will be valid for 1 state fiscal year. (7/1-6/30)<sup>1</sup>

(e) The area plan provisions for submission are to be used by all AAAs to request direct delivery of services waiver approval.

(f) The provisions include the following:

(1) Proof of legal notices and/or classified advertisements that ran in the major newspaper in each county of the PSA for at least 1 day for 2 consecutive weeks, including Sunday, (if a paper is issued), during the fiscal year. The advertisement should list funding sources, dollar amounts, and services to be provided;

(2) Positive documentation showing that direct delivery of service is necessary to assure the availability of services to eligible older adults;

(3) Other forms of documentation that may be requested to support request for direct delivery of services waivers.

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<sup>1</sup> Older Americans Act, Section 307 (8)(B)(C)(D)

## **2006.2 AAA POLICY REGARDING DIRECT DELIVERY OF SERVICES**

### **Chart 33**

**Code of Federal Regulations 45CFR 1321.63(b)** Except where a waiver is granted by the State agency, area agencies shall award funds by grant or contract to community services provider agencies and organizations.

(a) Identification of an AAA as a unit within a multi-purpose agency does not constitute an independent corporate identity. In such agencies, a "contract" between the AAA and a separate service-delivery provider within the same corporation structure will be viewed as direct delivery of service by the AAA and will not be permitted without a waiver approved by the BAIHS.

(b) Service delivery by any AAA that has a corporate relationship with a service provider in which one corporation maintains majority control of the board of the other corporation will also be viewed as direct delivery of services and will require waiver approval by the BAIHS.

(c) The BAIHS considers approval for a direct delivery of services waiver after analyzing the AAA's area plan, direct delivery request form and associated documentation.

(d) Approval of a direct delivery of services waiver is valid for one year. During this time, the AAA must submit to the BAIHS, on a monthly basis documentation verifying efforts to locate, recruit, and maintain adequate service providers.

## **2006.3 AAA PROCEDURES REGARDING DIRECT DELIVERY OF SERVICES**

(a) The AAA shall document its attempt to locate suitable service providers in the area plan. Such documentation shall include the following:

- (1) a description of the funding source and the amount of each grant to be used to fund the service.
- (2) service category or title, specific name of the services within the category.
- (3) a list of names and addresses of organizations or individuals who could reasonably provide this service to persons in the PSA. The list should not be limited to present service providers or to those service providers physically located in the PSA.
- (4) a description of the AAA's activities aimed at recruiting or encouraging the development of other service providers of the particular service, during the twelve months prior to the date of the request.
- (5) copies of advertising aimed at recruiting alternative service providers.
- (6) bid specifications and responses for proposals.

(b) The AAAs must adhere to all procurement policies as found in the DOA website.

(c) The AAAs are encouraged to develop multiple providers before requesting a waiver for direct delivery of services.

#### **2006.4 SERVICE PROVIDERS POLICY AND PROCEDURES REGARDING DIRECT DELIVERY OF SERVICES**

Service providers contracted by any AAA may not contract out or otherwise arrange for another entity to provide the services for which they have been contracted.

#### **2007 INFORMATION SHARING**

Chart 34

<p><b>Indiana Code 12-10-1-4(12) (14)</b> The bureau shall perform the following duties: Promote community education regarding the problems of the aged through institutes, publications, radio, television and the press; establish and maintain information and referral sources throughout Indiana when not provided by other agencies. <b>Indiana Code 12-10-1-4 (17)</b> Conduct an annual conference on the problems of the aging and the aged.</p>
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#### **2007.1 THE BAIHS POLICY REGARDING INFORMATION SHARING**

(a) The BAIHS shall serve as a clearinghouse for information on issues affecting older adults and persons with disabilities.

(b) The BAIHS shall dispense information through the following:

- (1) community education via institutes, publications, radio, websites, television, and the press;
- (2) training for AAAs, service providers, special interest groups, and key stakeholders in the community;
- (3) workshops and special events for older adults and persons with disabilities; as well as providers who serve these constituents; and
- (4) contacts with individuals and specific stakeholder groups based on the type of information to be shared and the specific aspect of educational delivery.

#### **2007.2 THE BAIHS PROCEDURES REGARDING INFORMATION SHARING**

The BAIHS may gather and disperse information from national, state, and local sources regarding problems and issues facing older adults and adults with disabilities, through methods such as:

- (1) communication materials such as brochures, information sheets, websites external/internal links, help-lines, information and referral programs and other materials and programs as indicated and appropriate;

- (2) participation in state and local educational forums (conferences, training, seminars) either by hosting or collaboration with key stakeholders;
- (3) overseeing the information and referral programs within the AAA's based on the State Plan and the individual AAA plan;
- (4) presenting the annual Governor's Conference on Aging and In-Home Services;
- (5) presenting and sponsoring events and displays at the senior citizen's building during the annual Indiana State Fair; and
- (6) maintaining an accurate and informative website for the BAIHS.

### **2007.2.1 MARKETING MATERIALS**

- (a) Potential press releases or marketing materials, initiated by the BAIHS, including brochures, radio, television or printed advertisements or any other marketing or informational documents, are to be routed through the Office of Communications for release to the public.
- (b) The BAIHS director will forward such materials to the communications liaison for input, feedback, and approval. Responses will be made to the BAIHS Director for follow up. Timelines are based on level of urgency for the proposed materials.
- (c) Materials developed by the Office of Communications that refer, address, or respond to issues, concerns, and topics that are age-specific/relevant material will be provided to the BAIHS Director for input and feedback. Response time will be based on the level of urgency for proposed materials.

### **2007.2.2 RETENTION OF RESOURCE RECORDS**

- (a) Administrative and some public information files are kept in the Library and Resource Center. Certain types of records have a required time period of retention.
- (b) Administrative records such as official minutes of any state agency, board, commission meeting, or of any division; are to be kept for 5 years after the end of the calendar year of the meeting.
  - (1) After the five years, the record is transferred to the Commission on Public Records, State Archives Division. The office manager monitors the retention of these records and is responsible for the transfer of these records to the Indiana Commission of Public Records, Archives Division.
  - (2) Retention is based on IC 5-15-5.1-5(a) (9), (1998 Edition), and IC 5-15-5.1-12, (1998 Edition).
- (c) Public information files such as typical administrative files could contain correspondence, publications, maps, drawings and related records.



(d) Administrative files could be used to respond to public inquiries on policies or programs or miscellaneous agency projects.

(e) Public information files should be transferred to the COMMISSION ON PUBLIC RECORDS, STATE ARCHIVES DIVISION, for evaluation, sampling or weeding pursuant to archival principles, when the files become outdated or replaced.<sup>1</sup> The office manager monitors the retention of these records and is responsible for the transfer of these records to the Indiana Commission of Public Records, Archives Division. (Evaluation sampling is done by ICPR/Archives.)

### **2007.2.3 GOVERNOR'S CONFERENCE**

The BAIHS shall plan and host the annual Indiana Governor's Conference on Aging and In-Home Services.<sup>2</sup>

### **2007.2.4 GOVERNOR'S CONFERENCE POLICY AND PROCEDURES**

(a) Planning for the Indiana Governor's Conference should commence approximately 1 year prior to the event.

(b) Securing a date and venue should be the first planning priority, followed by the development of an event timeline.

(c) Conference planning work is developed and operationalized with a community based planning committee that meets, at a minimum, 9 times during the yearly planning cycle. Meeting agendas, notes, and reports are recorded and kept in the Conference planning manual.

(d) The Governor shall be formally invited upon securing the date and location. The Governor's office is notified initially when the date/time/location is determined. Both electronic mail and formal letters are sent to the Governor's office 6 months prior to the actual conference date, with follow up at 2 months prior to the event. Drafts of the welcome letter, and any key directions/talking points are requested 3 months prior to the conference date.

(e) The Indiana Governor's Conference will be planned and conducted in accordance with all relevant state codes and guidelines and reflect the goals of the BAIHS, DDARS and FSSA. The conference will also reflect relevant goals and objectives outlined in the State's plan, community stakeholder strategic objectives (as appropriate), as well as the principles of sound geriatric principles.

(f) The BAIHS shall adhere to guidelines concerning, but not limited to, submissions of budget and venue contracts. The conference manual provides the conference planning timeline with appropriate context and operational directions to be followed.

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<sup>1</sup> For more information, contact the Records Management Department, Indiana Commission on Public Records. Also view the **Records Center Handbook for State Agency Staff** –found on the Commission on Public records website [www.in.gov/icpr](http://www.in.gov/icpr). This is a guide to working with the Records Center for the staff of the Indiana State Government agencies who use its services.

<sup>2</sup> Indiana Code , IC 12-10-1 4 (17)

(g) All efforts should be made to ensure that the conference is fiscally self-sustaining.

### **2007.3 INDIANA STATE FAIR**

(a) The BAIHS participates every year in the Indiana State Fair.

(b) The date of the Indiana State Fair is set by the State Fair Board of Directors.

#### **2007.3.1 INDIANA STATE FAIR POLICY AND PROCEDURES**

(a) The BAIHS state fair coordinator consults with the 16 AAA's event coordinators when planning the yearly activities for the state fair event.

(b) The BAIHS has the use of an assigned state fair building during the 14-day run of the state fair.

(c) If the BAIHS has a sponsor for the annual state fair event, the name appearing on the building accommodating the event may change, however, *Senior Citizens Building* must always be part of the name.

(d) The events, decorations, and displays at the BAIHS' state fair event shall reflect the goals of DDARS, the FSSA, and the BAIHS and shall provide information and services to those persons that visit the senior citizens building.

(e) The BAIHS must pay for the use of the senior citizens building, using monies made available by the BAIHS or FSSA.

(f) The BAIHS shall sell booth space at the senior citizens building to pay for use of the state fair building.

(g) The state fair pays for the use of all other materials and services to maintain the building during the 14-day event.

(h) The BAIHS state fair coordinator must submit a budget to the State Fair Fiscal Department in a timely manner.

(i) An annual meeting is held after the State Fair is concluded.

#### **2007.4 AAA POLICY AND PROCEDURES REGARDING INFORMATION SHARING**

(a) The AAA shall establish an identity as a visible focal point for information on problems and issues facing older adults and persons with disabilities.

(b) The AAA shall coordinate with the BAIHS (when requested) in the planning and presentation of the annual Indiana State Fair event.

## **2008 MONITORING AND ASSESSMENT**

Chart 35

**Code of Federal Regulations 45 CFR 1321. 13** The State Agency shall review, monitor evaluate and comment of Federal, State and local plans, budgets, regulations, programs, law, levies, hearings, policies, and actions which affect or may affect older adults and recommend any changes in these which the State agency considers to be appropriate.

### **2008.1 THE BAIHS PROCEDURES REGARDING MONITORING AND ASSESSMENT**

(a) The BAIHS shall monitor and assess activities, services, and programs conducted in accordance with AAA plans and the State Plan and all applicable laws, rules, and regulations. Monitoring activities shall be completed for each AAA, within the 2 year period of the AAA Contract Agreement.

(b) Monitoring and Assessment activities include the following:

- (1) review of AAA area plans;
- (2) on-site visits to the AAAs; and
- (3) other data gathering activities, such as desktop review and electronic review, completed for individual programs.

#### **2008.1.1 MONITORING**

(a) Monitoring is the process of gathering and analyzing data. The data can be gathered systematically by means of fiscal and programmatic reports or through on-site visits.

(b) The agency oversight unit of the BAIHS shall coordinate monitoring and assessment activities with program coordinators and specialists within other units in the BAIHS.

(c) Copies of monitoring and assessment reports are sent to the appropriate unit supervisor and program coordinator or specialist.

(d) If the BAIHS requests the AAA to complete corrective actions, the AAA shall submit a corrective action plan to the BAIHS. The BAIHS shall monitor any submitted corrective action plan for compliance.

(e) If an AAA fails to submit a corrective action plan within the specified time frame or if an AAA submits an incomplete or unsatisfactory corrective action plan, or if the AAA does not take the appropriate corrective actions within a specified target date, the BAIHS may sanction the AAA through punitive measures which may include decertification of the AAA.

### **2008.1.2 ASSESSMENT**

(a) Assessment is an evaluation to identify whether the requirements of current program laws, plans, policies, goals and objectives are being met, to determine needs for technical assistance, and to identify particular needs for best-practice recommendations.

(b) The BAIHS shall perform the following assessment activities:

(1) review activities, services, and programs receiving funds under the State Plan by reviewing claims for reimbursement, financial reports, program performance reports, and other written electronic and hard copy communications and through on-site visits.

(2) assessments of activities, services, and programs receiving funds under the State Plan will be conducted utilizing assessment instruments that will be made available to agencies prior to their use by the BAIHS.

(c) The following activities will be assessed:

- (1) fiscal management practices and procedures;
- (2) AAA operation, including coordination with other service providers, area plans, priority services to target populations, grants and contracts under the area plan, and stewardship of the OAA;
- (3) nutrition services;
- (4) AAA administration policies and procedures;
- (5) Senior Community Service Employment Program (SCSEP - Title V);
- (6) In-home services and case management;
- (7) Information and assistance programs;
- (8) meal-site assessments for congregate and home-delivered meals;
- (9) other service-specific assessments as appropriate; and
- (10) implementation of policy.

(d) The BAIHS will prepare and forward a report to the AAA within 30 days from the monitoring and assessment visit indicating accomplishments, program performance, and any findings requiring corrective actions.

(e) The AAA must respond in writing, to the Executive Director of the BAIHS within 30 days of the receipt of the assessment reports on any recommendation and/or corrective action indicated. The AAA will be afforded an opportunity to explain in writing or in a meeting, any aspect of the assessment with which the AAA disagrees or needs clarified. At the discretion of the BAIHS, the AAA may be required to submit a written corrective action plan, within a specified timeframe, to the BAIHS.

## **2008.2 AAA POLICY AND PROCEDURES REGARDING MONITORING AND ASSESSMENT**

(a) The AAA shall do the following:

- (1) provide access to fiscal and program information necessary for state or federal monitoring and assessment of both hard copy and electronic documents;
- (2) respond within the requested time frame to problems addressed in written monitoring reports or included in a corrective action plan; and
- (3) monitor and assess activities, services, and programs funded under the area plan, including those provided by an AAA under a direct delivery of services waiver.

(b) Each AAA shall do the following:

- (1) assess, on a quarterly basis the performance; compliance with federal, state, and AAA requirements; and fiscal activities of its service providers;
- (2) assess meal sites;
- (3) develop assessment instruments and written procedures for carrying out monitoring and assessment functions;
- (4) maintain documentation of all assessments, technical assistance, and corrective actions in the appropriate service-provider file;
- (5) ensure that all of its service providers maintain adequate fiscal and programmatic records as required for services funded through the AAA; and
- (6) ensure that service providers submit fiscal and program reports to the AAA as requested and permit the BAIHS and AAA staff to examine service documents and records as necessary to monitor or assess programs.

## **2009 NEEDS ASSESSMENT**

Chart 36

Indiana Code 12-10-1-4 The bureau shall perform the following duties: (7) Evaluate programs, services, and facilities for the aged and determine the extent to which those programs, services, and facilities meet the needs of the aged. (19) Examine the needs of the aged and prepare programs and facilities to meet those needs.

## **2009.1 THE BAIHS PROCEDURES REGARDING NEEDS ASSESSMENT**

The BAIHS shall do the following:

- (1) conduct statewide needs assessments, every 4 years, in conjunction with the BAIHS State Plan to determine service gaps and needs; and

(2) assure that the AAAs conduct needs assessments at least once, every 2 years, in conjunction with the AAA area plan, to determine needs and location of services.

## **2009.2 AAA PROCEDURES REGARDING NEEDS ASSESSMENT**

(a) The AAA shall conduct assessments to determine the service needs and priorities of older adults and persons with disabilities within the PSA.

(b) To the greatest extent possible, findings of needs assessments shall determine the method for delivering services.

(c) The AAA's assessment techniques may include the following methods:

(1) Reviewing census data for the particular area or areas of similar size and population along with other statistical indicators of the community.

(2) Interviewing key informants who are knowledgeable about the community, its people, their needs, and patterns of services already received.

(3) Gathering raw data through a survey of a population sample, completed by the AAA board of directors or an objective third party.

(4) Any other valid research technique to acquire the necessary data.

## **2009.3 AAA PROCEDURES REGARDING NEEDS ASSESSMENT AND THE AREA PLAN**

The AAA shall:

(1) in conjunction with the submission of each full new area plan, conduct a PSA wide assessment which determines service needs, service deficiencies and priorities of older adults and persons with disabilities within the PSA.<sup>1</sup>

(2) the AAA's assessment techniques shall be either a formal area-wide needs assessment survey or an alternative which includes at least 3 of the following:

(A) review of available census data and other statistical indicators for the PSA;

(B) interviews of key individuals who are knowledgeable about the community, its population, the needs, and patterns of services already provided;

(C) community forums where objectives and needs are identified;

(D) the gathering of data through a survey of population sample;

(E) the AAA shall conduct at least 1 public hearing regarding the needs

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<sup>1</sup> United States Code, 42 USC 3026(a)(1)

assessment findings, and;

(F) any other valid research technique to acquire the necessary data.

## **2010 PRIORITY SERVICES**

Chart 37

**Older Americans Act 306 (a) (1)** Each area agency plan shall provide, through a comprehensive and coordinated service system for supportive services, nutrition services and where appropriate for the establishment, maintenance or construction of multipurpose senior centers, within the planning and service area covered by the plan.

### **2010.1 THE BAIHS PROCEDURES REGARDING PRIORITY SERVICES**

(a) The BAIHS has specified a minimum percentage of the AAA Title III-B allotment to be spent in each of the following priority services categories:

- (1) Access services—40%
- (2) In-home Services—15%
- (3) Legal services—3%
- (4) Ombudsman services—3%

(b) The BAIHS shall review program reports, needs assessments, and expenditure data to determine priority service needs. Required minimum expenditures for each category of priority services will be shown in the State Plan and the area plan format. Completed area plans will be reviewed to assure that amounts budgeted for priority services will not fall below the required minimums.

### **2010.2 AAA POLICY AND PROCEDURES REGARDING PRIORITY SERVICES**

(a) The AAA must address each category of priority services. Every AAA shall develop an annual budget for its area plan that ensures that an adequate amount of its allotment is expended for the delivery of the following types of services:

- (1) access services including transportation; outreach, information and assistance and case management services.
- (2) in home services including supportive services for families of older adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (3) legal assistance.<sup>1</sup>

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<sup>1</sup> Older Americans Act, Section 306(a)(2)(A) and (B)

(b) The AAA shall require each service provider to report quarterly on services and expenditures. The AAA must monitor and assess each service provider to ensure that funding designated for priority services is being utilized accordingly.

## **2011 REPORTING REQUIREMENTS**

Chart 38

**Older Americans Act 307(a)(6)** The plan shall provide that the State agency will make such reports, in such form, and containing such information as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary must impose to insure the correctness of such reports.

(a) The BAIHS will prepare reports with the information and in the form required by the assistant secretary of the Administration on Aging (AoA) and will comply with all requirements imposed by the assistant secretary to ensure the correctness of the reports.

(b) At the request of the assistant secretary and for the purpose of monitoring compliance with the act, including conducting an audit, the BAIHS shall disclose all sources and expenditures of funds the BAIHS and AAAs receive or expend to provide services for older adults.

### **2011.1 REQUIRED REPORTS FROM THE BUREAU OF AGING AND IN-HOME SERVICES**

The BAIHS is required to prepare and submit the following reports; see appropriate citation for details.

(1) Report: INDIANA STATE PLAN FOR AGING AND IN-HOME SERVICES  
UNDER THE OLDER AMERICANS ACT

Authority: OAA 307(a)

Submitted To: U.S. ADMINISTRATION ON AGING

Due: EVERY FOUR YEARS; NEXT ONE DUE JULY 1, 2005

(2) Report: CHOICE REPORT - "AND OTHER LONG TERM CARE HOME AND  
COMMUNITY BASED PROGRAMS"

Authority: IC 12-10-10-11(a)

Submitted To: GENERAL ASSEMBLY, CHOICE BOARD

Due: ANNUALLY BEFORE OCTOBER 1 (Included as part of the Statewide IN-Home Services Annual Report)

(3) Report: TITLE III MAINTENANCE OF EFFORT RE STATE EXPENDITURES

Authority: 45 CFR §1321.49

Submitted To: U.S. ADMINISTRATION ON AGING

Due: ANNUALLY BY JULY



(4) Report: TITLE III NATIONAL AGING PROGRAM INFORMATION SYSTEM REPORT (NAPIS)

Authority: OAA 307(a)(6)

Submitted To: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (ADMINISTRATION ON AGING)

Due: ANNUALLY BY NOVEMBER 30

(5) Report: GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA ANNUAL REPORT

Authority: IC 12-10-4-5

Submitted To: GENERAL ASSEMBLY

Due: ANNUALLY BY NOVEMBER 1(Included as part of the Statewide IN-Home Services Annual Report)

(6) Report: TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM ANNUAL PRE-APPLICATION FOR GRANT

Authority: 20 CFR Part 641.204

Submitted To: U.S. DEPARTMENT OF LABOR

Due: ANNUALLY BY APRIL (date depends on bulletin instructions from DOL)

(7) Report: TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM QUARTERLY PROGRESS REPORT

Authority: 29 CFR 97.40(b) or 29 CFR 95.51(b)

Submitted To: U.S. DEPARTMENT OF LABOR

Due: QUARTERLY (JANUARY 31, APRIL 30, JULY 31, OCTOBER 31)

(8) Report: EQUITABLE DISTRIBUTION REPORT

Authority: 20 CFR Part 641.201(c), OAA 506(c) and (d)

Submitted To: U.S. DEPARTMENT OF LABOR

Due: ANNUALLY BY OCTOBER 1

(9) Report: TITLE VII OMBUDSMAN STATISTICAL REPORT

Authority: OAA 712(h)

Submitted To: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (ADMINISTRATION ON AGING)

Due: ANNUALLY BETWEEN FEBRUARY 1 TO APRIL 1

(10) Report: ADULT PROTECTIVE SERVICES

Authority: IC 12-10-3-30

Submitted To: INDIANA LEGISLATURE GENERAL ASSEMBLY

Due: ANNUALLY BEFORE FEBRUARY 2

(11) Report: ADULT GUARDIANSHIP SERVICES

Authority: IC 12-10-7

Submitted To: ANNUALLY TO THE BUREAU OF AGING AND IN-HOME SERVICES FOR THE BAILS ANNUAL REPORT

Due: ACCORDING TO CURRENT SCHEDULES FOR THE BAILS ANNUAL REPORT

(12) Report: MONEY MANAGEMENT QUARTERLY  
Authority: MOU/ARTICLE IV, ITEM O  
Submitted To: AARP  
Due: SEMI-ANNUALLY AND ANNUALLY ON 1/31 AND 6/30

(13) Report: OBRA PAS/PARR  
Authority: 42 US 1396r (e)(7)(iv)  
Submitted To: CMS  
Due: MONTHLY TO ISDH AND EDS

(14) Report: FAMILY CAREGIVER SUPPORT PROGRAM  
Authority: OAA 371-376  
Submitted to: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (AoA)  
Due: QUARTERLY FROM AAA'S AND DUE TO HSS ANNUALLY ON JANUARY  
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## **2012 PUBLIC HEARINGS**

### **Chart 39**

**United States Code, 3027 (a) (4)** The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this subchapter and subchapter XI of this chapter, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. The plan shall provide that the State agency will - **(A)** afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this subchapter, to any provider of (or applicant to provide) services; **(B)** issue guidelines applicable to grievance procedures required by section 3026(a)(10) of this title; and **(C)** afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this subchapter regarding any waiver request, including those under section 3030c-3 of this title.

Public Hearings are procedures that shall take place as part of an action or proceeding or to solicit the views of older adults when making evaluations of services or programs.

### **2012.1 THE BAIHS PROCEDURES REGARDING PUBLIC HEARINGS**

(a) The BAIHS will conduct evaluations of and public hearings on activities and projects carried out under the State Plan, including an evaluation of the effectiveness of the BAIHS in reaching older adults with the greatest economic need and older adults with the greatest social need, with particular attention to low-income minority older adults.

(b) In conducting such evaluations and public hearings, the BAIHS shall solicit the views and experiences of entities that are knowledgeable about the needs and concerns of low-income older adults.

(c) The BAIHS will conduct a public hearing, upon request, in accordance with the public hearing procedures, for any AAA submitting an area plan or waiver or by any provider of services.

### **2012.2 ADDITIONAL BAIHS ACTIONS THAT REQUIRE PUBLIC HEARINGS**

In addition to the above reasons, the BAIHS shall conduct public hearings:

(1) As part of an action or proceeding:

- (A) to revoke the designation of an AAA;
- (B) to designate an additional PSA in the state;
- (C) to divide the state into different PSAs;
- (D) to otherwise affect the boundaries of the PSAs in the state;<sup>1</sup> or
- (E) to deny an application to become a PSA.

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<sup>1</sup> Older Americans Act, Section 305(b)(5)(C)

(2) If the BAIHS finds that an AAA has failed to comply with federal or state laws, including the area-plan requirements, regulations, or policies, and the BAIHS decides it may withhold a portion of Title III funds to the AAA;<sup>1</sup> or

(3) To obtain the views of older adults, AAAs, recipients of grants under Title VI, and other interested persons and entities (along with other means) regarding programs carried out under Title VII -Allotment for Vulnerable Rights Protection Activities.<sup>2</sup>

### **2012.3 AAA ACTIONS THAT REQUIRE PUBLIC HEARINGS**

Public Hearings are required for the following procedures:

#### **2012.3.1 AREA PLANS OR AREA PLAN AMENDMENTS**

(a) Each AAA shall have and implement the following:

(1) Hearings for needs assessments prior to submitting its area plan to the BAIHS for review and

(2) Area-wide public hearings on the area plan prior to an area plan review.

(b) The AAA shall seek the advice of the AAA advisory council on aging relative to conducting a public hearing.

(c) Each AAA shall give adequate notice to older persons, public officials, and other interested parties of the times, dates, and locations of the public hearings.

(d) Each AAA shall hold a public hearing at a time and location that permits older adults, public officials, and other interested parties reasonable opportunity to participate. The facility must be accessible to persons with disabilities.

(e) Notice of a public hearing should be given in major newspapers having wide distribution within the area 30 days prior to the holding of the public hearing. In addition, copies of preplan materials will be available for general distribution at the time of the public hearing announcement or shortly thereafter. The public notice should indicate where and when to obtain the preplan materials.

(f) At the area plan public hearings, each AAA shall do the following:

(1) Present in both oral and written form pertinent information regarding the services it plans to provide directly and

(2) Furnish interested parties with an opportunity to testify.<sup>3</sup>

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<sup>1</sup> Older Americans Act Section 306(e)

<sup>2</sup> Older Americans Act, OAA 705(a)(2)

<sup>3</sup> Code of Federal Regulations, 45 CFR 1321.61(a)(2)

(g) The manner in which an AAA presents this information to interested parties is open to the AAA's discretion, as long as the area plan information is presented in a readable form with adequate information provided to support an understanding of the agency's intentions and their implications for older adults and persons with disabilities living in the area.

(h) No format is prescribed for these purposes; however, all information requirements for area-plan submission to the state agency must be included in the distributed materials.

(i) Information that must be available to the public as a supplement to the area plan shall include the following:

(1) A profile of the conditions of older adults in the area and their need for services. The profile should be more comprehensive than that provided in the area plan and in a form more suitable for public consumption.

(2) A prioritization of the major issues facing older adults in the area and a discussion of constraints and opportunities for problem resolution.

(3) A general summary of the proposed plan, a description of the process used in plan development, and the process the agency plans to use for refining the plan in the future.

(4) A general summary and description of the AAA's specific objectives for providing services to older adults with greatest economic need and older adults with greatest social need, including specific objectives for providing services to low-income minority older adults residing in the AAA's PSA.

(5) A general description of how service providers in the area are organized to respond to the needs of older people, with particular attention given to OAA programs.

(6) The identification of the area advisory council on aging membership by name, affiliation, and county accompanied by a definition of the council's roles, responsibilities, authorities, and the methods used in membership selection.

(7) The identification of agency board membership and the county of each member's residence.

### **2012.3.2 ACTIVITIES CARRIED OUT UNDER THE AREA PLAN**

The AAA shall conduct periodic evaluations of and public hearings on activities carried out under the area plan, as well as an annual evaluation of the effectiveness of outreach efforts that identify older adults and persons with disabilities who are eligible for services.

## **2013 TARGET POPULATIONS**

Chart 40

**Older Americans Act, OAA Section 206(a)** The Secretary shall measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, their effectiveness in targeting for services under this Act un-served older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and un-served older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas), and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs.

**Older Americans Act, OAA Section 307 (a) (10)** The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration, and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(a) The Older Americans Act requires the BAIHS and the AAAs, give priority to serving persons who meet the definition of older adults with the greatest economic and social needs, low-income minority older adults, and those older adults living in rural areas.

### **2013.1 THE BAIHS PROCEDURES REGARDING TARGET POPULATIONS**

The BAIHS shall assure that priority is given to serving those older adults with the greatest economic and social needs, with particular attention to low-income minority older adults and older adults living in rural areas. The BAIHS will focus attention toward target populations through the following methods:

#### **(1) Organization**

The BAIHS shall divide the state into distinct PSAs after consideration of the geographical distribution of older adults with the greatest economic and social needs, giving particular attention to low-income minority older adults.<sup>1</sup>

#### **(2) Administration**

The BAIHS shall conduct annual evaluations of and public hearings on activities and projects carried out under the State Plan, including an evaluation of the effectiveness of the BAIHS in reaching older adults with the greatest economic and social needs, giving particular attention to low-income minority older adults.<sup>2</sup> In conducting such evaluations and public hearings, the BAIHS shall solicit the views and experiences of entities that are knowledgeable about the needs and concerns of low income minority older adults.

#### **(3) Funding Formula**

The BAIHS shall develop and implement an intrastate funding formula (see Section 5 Allocation of Funds) that assures that funds are available to target populations.

#### **(4) State Plan**

The State Plan shall contain specific strategies for service delivery and systems enhancement for targeted populations.

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<sup>1</sup> Older Americans Act, Section 305(a) (1)(E)

<sup>2</sup> Older Americans Act, Section 307(a) (4)

#### (5) Area Plan

The BAIHS shall develop an Area Plan format that requires AAAs to provide specific information and objectives regarding services for target populations that include:

- (A) composition of the advisory council;
- (B) methods to be used in serving the target populations;
- (C) outreach goals and objectives to be used to reach and inform older adults with the greatest economic or social needs, giving particular attention to low-income minority older adults and older adults who reside in rural areas; and
- (D) assurances that the AAA will include in their agreements with service providers requirements that service providers specify:
  - (i) how they will satisfy the needs of low-income minority older adults in the area; and
  - (ii) that the service provider will attempt to serve low-income individuals in the area at least in the proportion that they represent the rest of the population in the area served.

#### (6) OTHER METHODS

The BAIHS shall review area plans before approving them and will also monitor their implementation. The BAIHS shall provide technical assistance and training as needed or requested.

### **2013.2 AAA POLICY AND PROCEDURES REGARDING TARGET POPULATIONS (FOR OTHER THAN CHOICE SERVICE FUNDS)**

The AAAs will focus attention toward target populations using the following:

#### (1) FUNDING FORMULA

The AAA shall develop and implement an intra-area funding formula that addresses target populations.

#### (2) ADVISORY COUNCIL

The AAA's advisory council shall meet at least quarterly. The AAA shall document any recommendations made by the advisory council concerning matters about the AAA's target populations and assure those recommendations are considered by the appropriate decision making persons.

#### (3) OTHER METHODS

Outreach services (Refer to Section 5123 - Outreach Services), the AAA shall place special emphasis on reaching older adults with the greatest economic or social needs, giving particular attention to low-income minority older adults and older adults who reside in rural areas.<sup>1</sup>

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<sup>1</sup> Older Americans Act, Section 306 (a)(4)(B)

### **2013.3 AAA POLICY AND PROCEDURES REGARDING TARGET POPULATIONS FOR CHOICE SERVICE FUNDS**

Each AAA shall use at least 20% of CHOICE service dollars for persons with disabilities under 60 years of age.



**More Information can be found at:**

Code of Federal Regulations,  
45 CFR 1321. 29  
45 CFR 1321.13  
45 CFR 1321.27  
45 CFR 1321.35  
45 CFR 1321.53

United States Code  
42 USC 3027(a) (2),  
42 USC 3012(a)(26)  
42 USC 3026(a) (1)

Indiana Code  
4-15-7-1(d)  
12-10-1-4 (4)

Older Americans Act of 1965, as amended in 2000  
Section 305, 306, 307,705

Conflict of Interest' Section of the Contract Agreement

FSSA Policy and Procedures Manual AD1-20

Region V - Regional Memorandum  
ROM-81-73 Subject: State Plans Based on Area Plans

Administration on Aging – [www.aoa.gov](http://www.aoa.gov)  
Indiana Department of Administration - [www.in.gov/idoa](http://www.in.gov/idoa)

## **SECTION 3**

### **HEARINGS AND APPEALS PROCESS (INCLUDING WITHDRAWAL AND DE-DESIGNATION PROCEDURES OF AREA AGENCIES ON AGING AND PLANNING AND SERVICE AREAS)**

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FOR APPEAL PROCESS FOR INDIVIDUALS APPLYING FOR OR RECEIVING SERVICES FUNDED BY THE MEDICAID HOME AND COMMUNITY-BASED WAIVER PROGRAM, PLEASE REFER TO THE APPROPRIATE MEDICAL MODEL WAIVER MANUAL OR MEDICAID WAIVER DOCUMENT.

## **3000 HEARING AND APPEALS PROCESS FOR THE BAIHS, AAA, PLANNING AND SERVICE AREAS, SERVICE PROVIDERS AND CLIENT/APPLICANTS**

### **3001 APPEAL PROCESS**

The Bureau of Aging and In-Home Services (BAIHS) shall provide an appeal process for Area Agencies on Aging (AAAs) or other affected parties if the BAIHS initiates an action or proceeding that would result in the following-

- (1) withdrawal of the designation of an AAA;
- (2) designation of an additional planning and service area (PSA); division of the state into different PSA's or changes in the boundaries of a PSA; or <sup>1</sup>
- (3) actions that would adversely affect an AAA or affected parties, other than those listed in items (1) and (2).

#### **3001.1 THE BAIHS POLICY AND PROCEDURES REGARDING THE WITHDRAWAL OF AN AAA DESIGNATION**

Chart 41

**Older Americans Act, Section 305(b)(5)(C)(i)(I)** The State agency shall establish and follow appropriate procedures to provide due process... if the state agency initiates an action or proceeding to revoke the designation of the Area Agency on Aging.

The BAIHS shall continue to recognize the designation of the current 16 AAA's in Indiana unless the BAIHS finds reason to initiate withdrawal procedures for the designation of any existing AAAs.

#### **3001.2 REASONS FOR WITHDRAWAL OF THE DESIGNATION OF AN AREA AGENCY ON AGING (AAA)**

The BAIHS shall withdraw the AAA designation, if after reasonable notice and opportunity for a hearing, there is a finding concerning any of the following-

- (1) An AAA does not meet the requirements of the OAA.
- (2) An AAA area plan or plan amendment is not approved.
- (3) There is substantial failure in the provisions or administration of an approved area plan to comply with any provision of the OAA or of any policies and procedures established and published by the BAIHS
- (4) Activities of the AAA are inconsistent with the statutory mission prescribed in the OAA requirements or are in conflict with the requirement of the OAA that the designated AAA function only as an Area Agency on Aging. <sup>2</sup>
- (5) The designated AAA voluntarily relinquishes designation.

<sup>1</sup> Older Americans Act, Section 305 (b) (1) (4) (5) (C) (I) (II) (III) (IV)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.29(a)

### **3001.3 THE BAIHS PREPARATION FOR THE WITHDRAWAL OF THE DESIGNATION OF AN AAA**

Prior to withdrawing the designation of an AAA, the BAIHS shall conduct the following activities:

(1) Provide written notification of the proposed action or proceeding affecting the AAA. The written notification shall summarize the basis for the action or decision and shall contain the following:

(A) the effective date of withdrawal of the designation of the AAA;

(B) an explanation of all reasons and causes for the withdrawal of the designation of the AAA; and

(C) a provision that explains policy and procedure for an appeal of the decision, to the assistant secretary of the Administration on Aging.

(2) Mail the notice and all other appropriate documents pertaining to the action to withdraw the designation of an AAA by means of the United State Postal Service, using the [www.delivery.com](http://www.delivery.com) tracking and confirmation option, to provide signature confirmation via fax. Correspondence should be addressed and mailed to the appropriate AAA Director and to the appropriate Chairman of the AAA's governing board, at least 90 days before the effective date of the decision to withdraw the designation of an AAA.

(3) Notify the appropriate DDARS and the BAIHS staff, at least 90 days before the effective date of the decision to withdraw the designation of the AAA.

(4) Conduct a public hearing on the proposed decision, at least 30 days before the effective date of the withdrawal of the designation of an AAA. See Public Hearings – 3011)

(5) Invite representatives of the affected AAAs, Title III and Title VII service providers, and older adults residing in the PSA or who are affected by the decision to attend and participate in the public hearing.

(6) Request written comments from the affected AAAs, Title III, Title V and Title VII service providers, and older adults, residing in the affected PSA.

(7) Notify the affected AAA, in writing, of the decision, after the public hearing and at least 18 days<sup>1</sup> before the effective date of the withdrawal of designation of the AAA. Mail a notification of the decision by means of the United States Postal Service, using the [www.delivery.com](http://www.delivery.com) tracking and confirmation option to provide signature confirmation, via fax. The original notification shall contain the address of the AAA's central location and shall be sent to the Director of the AAA and a copy of the notification shall be sent to the Chairman of the AAA's governing

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<sup>1</sup> Indiana Administrative Code, 4-21.5

board.<sup>1</sup>

#### **3001.4 WITHDRAWAL OF AN AAA DESIGNATION**

If the BAIHS withdraws an AAA designation it shall take the following action:

- (1) The BAIHS shall notify the Assistant Secretary for the Administration on Aging (AoA), Department of Health and Human Services, and all appropriate persons and entities of the action taken.
- (2) The notification to the Assistant Secretary shall be sent by certified mail, return receipt requested, registered mail, or overnight delivery, unless another method is approved or requested by the AoA.
- (3) If the BAIHS withdraws the designation of an AAA, the BAIHS shall provide a written plan for the continuity of services in the affected PSA and will do the following:
  - (A) discontinue reimbursement to the affected AAA;
  - (B) notify service providers to submit requests for reimbursements to the BAIHS or a designated interim contractor;
  - (C) place a legal notice or an advertisement in a newspaper of statewide circulation advising that claims against the affected AAA related to the OAA programs administered through the contract, shall be referred to the BAIHS or a designated interim contractor
  - (D) designate a new AAA for the affected PSA, in a timely manner;
  - (E) allow the affected AAA a chance to appeal the decision of the BAIHS, to the assistant secretary of the AoA;<sup>2</sup> and
  - (F) perform the responsibilities of the AAA or assign the responsibilities of the AAA to another agency within the PSA, for up to 180 days after the final decision to withdraw designation of an AAA, unless the BAIHS has received an extension period from the AoA.

#### **3001.5 ADMINISTRATIVE REVIEW**

(a) If an AAA is dissatisfied with the decision received after the Public Hearing, the AAA may appeal the decision by requesting an administrative review. The AAA shall make the request for an administrative review in writing to the Director of BAIHS within 18 days of the date of the decision sent after the public hearing. The request shall include a statement regarding the issues the AAA wishes reviewed and shall be signed and dated by the AAA Director.

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<sup>1</sup> Older Americans Act, Section 305 (b) (5) (C) (ii) (II) (III) (IV) (V)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.35 (a)

(b) The request for an Administrative Review shall be sent from the BAIHS, to the Director of DDARS within 18 days from the date of receipt. The Administrative Review shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the DDARS director. The Administrative Review will be conducted in accordance with Indiana Code 4-21.5.4

(c) Payment for the cost of a hearing shall be considered an allowable expense for the AAA under OMB A-87 and A-122. The cost must be reasonable and shall be paid from the AAA's 10% allowable administrative expenses. The AAA may retain an attorney with the exception that the cost of the attorney is paid by funds earmarked for administrative costs.

(d) The AAA shall not recoup the administrative review, appeal hearing or attorney expenses under funding allocated for program development and coordinated activities. The AAA shall not use Title III-B, III-C, or III-D funds for hearing expenses or attorney fees.

### **3001.6 APPEALS TO THE ASSISTANT SECRETARY OF THE ADMINISTRATION ON AGING (AoA)**

(a) The BAIHS shall allow for an appeal to the Assistant Secretary of the Administration on Aging (AoA), of an action concerning the withdrawal of the designation of an AAA, designation of a new PSA, division of Indiana into different PSAs or changes in the boundaries of any PSA, as listed in Section 4000.1 (a) of this document, if the appeal is made on the basis of the following:

- (1) the facts and merits of the matter that is the subject of the action or proceeding; or
- (2) procedural grounds.<sup>1</sup>

(b) Procedures completed for an appeal to the assistant secretary of the AoA include the following:

- (1) the BAIHS shall notify the AAA and all other affected parties and entities of the right to appeal to the assistant secretary in all written notices of the proposed action;
- (2) the BAIHS shall accept and process all written appeal requests from the affected AAA or appropriate parties, within 30 days of the effective date of the action to withdrawal the designation of the AAA;
- (3) the written request for an appeal must contain the following-
  - (A) the decision for which the appeal is being made;
  - (B) legal name, address and telephone number of the appellant(s); and

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<sup>1</sup> Older Americans Act, 305 (b) (5) (C) (iii) (I) and (II)

(C) documented information regarding how the action will affect the appellant.

(4) The written request shall be addressed to the Director of the DDARS.

(5) The BAIHS shall forward appeal requests and all supporting documentation to the assistant secretary of the AoA within 18 days of receipt.

(6) If the assistant secretary sets aside a decision of the BAIHS to revoke the designation of an AAA, the BAIHS shall nullify the revocation.<sup>1</sup>

### **3001.7 CONTINUITY OF THE FUNCTIONS OF THE AAA WITHIN THE PSA**

(a) If an AAA's designation has been withdrawn, and it is necessary to ensure continuity of the services in a PSA, the BAIHS may, for a period of 180 days after it has given final notice of withdrawal of the designation, perform the responsibilities of the AAA or assign the responsibilities of the AAA to another appropriate agency within the PSA.<sup>2</sup>

(b) The assistant secretary of the AoA may extend the 180-day period for the BAIHS to perform the duties of an AAA, for the affected PSA, if the BAIHS does the following;

(1) notifies the assistant secretary of the AoA in writing of its action; and

(2) requests an extension and demonstrates to the satisfaction of the assistant secretary of the AoA, a need for the extension.<sup>3</sup>

### **3002 THE BAIHS DESIGNATION OF AN ADDITIONAL PLANNING AND SERVICE AREA (PSA) OR CHANGES IN THE BOUNDARIES OF AN EXISTING PSA**

(a) The BAIHS shall recognize the designation of the current PSAs and their current boundaries, in Indiana unless the BAIHS finds reason to initiate designation of an additional PSA or needs to make changes in the boundaries of a PSA, for any reason.

(b) In determining an additional PSA or revising or otherwise affecting the boundaries of a PSA, the BAIHS shall consider the following-

(1) the geographical distribution of older adults in Indiana;

(2) the incidence of the need for supportive services, nutrition services, multi-purpose senior centers, and legal assistance;

(3) the distribution of older adults who have the greatest economic need, with particular attention to low income minority older adults and older adults residing in rural areas in the service area;

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<sup>1</sup> Older Americans Act, 305 (b)(5)(C)(iv)

<sup>2</sup> Code of Federal Regulations, 45 CFR 1321.35 (c) (2)

<sup>3</sup> Code of Federal Regulations, 45 CFR 1321.35 (d)



- (4) the distribution of older adults who have the greatest social need, with particular attention to low income older adults, and older adults residing in rural areas in the service area;
- (5) the distribution of older adults who are American Indians residing in the service area;
- (6) the distribution of resources available to provide such services or centers;
- (7) the boundaries of existing areas within the state which are drawn for the PSA of supportive services programs;
- (8) the location of general purpose local government within Indiana; and
- (9) any other relevant factors.

(c) The BAIHS may designate as a PSA the following;

- (1) any unit of general purpose local government which has a population of 100,000 or more;<sup>1</sup>
- (2) any region within Indiana recognized for purposes of area wide planning which includes one or more such units of general purpose local government when the BAIHS determines that the designation of such regional PSA is necessary and enhances the effective administration of programs authorized under Title III of the OAA;
- (3) areas which were designated for the planning or administration of supportive services programs; or
- (4) the BAIHS may include in any designated PSAs such additional areas to the unit of general purpose local government or region so designated as the state agency determines to be necessary and enhances the effective administration of programs authorized under Title III of the OAA.

### **3002.1 APPEAL PROCEDURES REGARDING THE DESIGNATION OF AN ADDITIONAL PSA OR CHANGE OR REVISION OF THE BOUNDARIES OF AN EXISTING PSA**

- (a) The BAIHS shall provide written notice of the proposed action or proceeding affecting PSA boundaries to existing PSAs and to any other affected parties. Such notification includes clear documentation of the need for the proposed action.
- (b) The BAIHS shall conduct a public hearing on the proposed action or proceeding.
- (c) The BAIHS shall invite the participation of the affected AAA, Title III service providers and older adults to the public hearing.

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<sup>1</sup> Older Americans Act, Section 305(b)(1)

(d) The BAIHS shall request written comments from the affected AAAs, Title III service providers and older adults.

(e) The BAIHS shall provide an opportunity for appeal to any applicant denied PSA designation after the public hearing who submits a written request for an appeal hearing, within 30 days of the notice of denial of designation. The appeal procedure shall include a process to appeal the decision, to the assistant secretary of the AoA, if the applicant follows the BAIHS prescribed procedure for requesting an appeal. (See Section 4001.3 and 4001.4 for more information regarding appeal procedures.)

### **3003 THE BAIHS APPEALS PROCESS REGARDING AN ADVERSE ACTION OTHER THAN THE WITHDRAWAL OF THE DESIGNATION OF AN AAA OR THE ADDITION OR CHANGE OF THE BOUNDARIES OF A PSA**

#### **3003.1 STEP 1: DOCUMENTATION**

The BAIHS may use the following documentation to verify the need to initiate an adverse action or proceeding, other than the withdrawal of a designation of an AAA or a PSA.

- (1) The AAA plan and/or amendments;
- (2) Service agreements between area agencies and service providers;
- (3) Population demographics including but not limited to economic and social data;
- (4) Memorandums and letters;
- (5) Monitoring and assessment reports; and
- (6) Any other documentation that specifically corroborates the BAIHS reasons for taking such action or proceeding.

#### **3003.2 STEP 2: INFORMAL REVIEW WITH THE BAIHS**

(a) The AAA must first discuss any questions, concerns, or problems regarding an adverse action with a representative of the BAIHS. This informal review will take place at the offices of the BAIHS. Within 18 days of the date of the informal meeting, the BAIHS representative must notify the AAA in writing of the decision reached on the issues raised at the informal review. The BAIHS representative must also inform the AAA that an appeal of the decision made at the informal review may be completed by submitting a written appeal request to the Director of the BAIHS.

(b) The BAIHS shall provide a written notice of action or proceeding to the affected AAA's executive director, the AAA's service providers, and any other appropriate persons or organizations, by certified mail at least 30 days in advance of the effective date of the action or proceeding. The process for requesting an appeal of the decision shall be included in the written notice of action.

### **3003.3 STEP 3: PUBLIC HEARING**

If the BAIHS initiates an action, the BAIHS shall provide an opportunity for a public hearing, if requested by an AAA or any other entity directly affected. See Section 3011 for more information regarding a Public Hearing.

### **3003.4 STEP 4: ADMINISTRATIVE REVIEW**

(a) If an AAA is dissatisfied with the decision received after the public hearing, the AAA may appeal the decision by requesting an administrative review. The AAA shall make the request for an administrative review in writing to the Director of the BAIHS within 18 days of the date of the decision sent after the public hearing. The Administrative Review will be conducted in accordance with Indiana Code 4-21.5.4

(b) The request for an Administrative Review shall be sent from the BAIHS, to the Director of DDARS. The Administrative Review shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the DDARS director.

(c) Payment for the cost of a hearing shall be considered an allowable expense for the AAA under OMB A-87 and A-122. The cost must be reasonable and shall be paid from the AAA's 10% allowable administrative expenses. The AAA may retain an attorney with the exception that the cost of the attorney is paid by funds earmarked for administrative costs. (See 4001.5 for more information)

(d) The AAA shall not recoup the appeal hearing or attorney expenses under funding allocated for program development and coordinated activities. The AAA shall not use Title III-B, III-C, or III-D funds for hearing expenses or attorney fees.

### **3004 INVOLVEMENT OF AAAs, SERVICE PROVIDERS, OLDER ADULTS, AND PERSONS WITH DISABILITIES**

The BAIHS shall involve the AAA, service providers, older adults, and persons with disabilities in the appeal process by;

- (1) providing the AAA with an opportunity for a public hearing at a location accessible to older adults, persons with disabilities, and service providers;
- (2) publishing the notice of a public hearing in a newspaper of statewide circulation, and providing access to the content of materials prior to the hearing; and
- (3) making the written decision and/or summary of the results of the public hearing available for copying to service providers or other interested parties or persons upon their request.

## BAIHS APPEALS PROCESS

Chart 42

Indiana Code 4-21.5

Older Americans Act, OAA Section 305(b)(5)(C)(i)

<b>Withdrawal of the Designation of an AAA</b>	<b>Designation of an Additional PSA</b>	<b>Division of or Changes in the Boundaries of a PSA</b>	<b>Denial of an Application to become a PSA</b>	<b>Other Adverse Actions Affecting an AAA</b>
1. Document the need for the action. Send written notification of plans to withdrawal the AAA designation, to the affected AAA, AoA and DDARS.	1. Document the need for the action. Send written notification of the action to designate an additional PSA, to an affected AAA or other appropriate entity, AoA and DDARS.	1. Document the need for the action. Send written notification of the action to designate an additional PSA, to the affected AAA, or other appropriate entity, the AoA and DDARS.	1. Document the reason for denial. Send written notification of the denial of the application for designation of a SPA, to DEARS and the affected entities. Include notice of public hearing option.	1. Document the need for the action. Send written notification of the adverse action to the AAA or appropriate entity.
2. Hold a Public Hearing inviting representatives of the affected AAA, Title III and Title VII providers, and older adults. Issue the final decision on the proposed action.	2. Hold a Public Hearing inviting representatives of the affected entity, and older adults. Issue the final decision on the proposed action.	2. Hold a Public Hearing inviting representatives of the affected entity and older adults. Issue the final decision on the proposed action.	2. If requested by an affected entity, hold a Public Hearing inviting appropriate entities, individuals, and older adults. Issue the final decision on the proposed action.	2. Hold an Informal Review with the AAA and/or the affected entity. Issue the final decision on the proposed action.
3. If requested by the affected AAA, DDARS will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the DDARS Director.	3. If requested by an affected entity, DDARS will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the DDARS Director.	3. If requested by an affected entity, DDARS will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the DDARS Director.	3. Formally send notice to appropriate entities including the process for an appeal of the decision to the AoA.	3. If requested by an affected entity, hold a Public Hearing inviting representatives of the affected AAA, and other appropriate entities.
4. Send formal notice to the affected AAA explaining the appeal process for an appeal of the decision to the AoA.	4. Send formal notice to appropriate entities outlining appeal process for an appeal of the decision to the AoA.	4. Send formal notice to appropriate entities outlining appeal process for an appeal of the decision to the AoA.		4. If requested by AAA, an Administrative Review with an Administrative Law Judge (ALJ), assigned by the DDARS Director.

## **3005 CLIENT/APPLICANT APPEALS**

### Chart 43

**Older Americans Act, Section 314 (2) Rights Relating to In-Home Services for Frail Older Individuals**  
The Assistant Secretary shall require entities that provide in-home services under this title to promote the rights of each older individual who receives such services. Such rights include the following....  
(2) The right to voice a grievance with respect to such service that is or fails to be so provided, without discrimination or reprisal as a result of voicing such grievance.

## **3006 THE BAIHS APPEAL POLICY AND PROCEDURES FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING SERVICES FOR SSBG, CHOICE AND TITLE III (EXCLUDING IPAS, PASRR)**

(a) A client/applicant has the right to appeal decisions regarding eligibility and services. In the case of a client/applicant who lacks the capacity to make a knowing and informed decision regarding the client/applicant's own care, the client/applicant's representative may appear on the client/applicant's behalf throughout the appeals process.

(b) Policy decisions or decisions of general applicability regarding services, including a decision by an AAA to suspend taking applications, are not subject to appeal.

(c) The AAA case manager is responsible for answering questions and attempting to resolve any problems or complaints before the client/applicant resorts to the appeals process. To create a complete record for appeal, the case manager is also responsible for documenting in the case file, all dates, verifying documentation, and written descriptions of complaints and actions taken.

### **3006.1 STEP 1: INFORMAL REVIEW WITH THE CASE MANAGER, THE CASE MANAGER SUPERVISOR, AND/OR AN APPROPRIATE REPRESENTATIVE**

(a) The case manager's supervisor shall conduct an Informal Review with the client/applicant, the client/applicant's representative (if one is selected) and the client/applicant's case manager to first discuss any questions, concerns, or problems regarding services.

(b) This informal meeting may take place either at the AAA or at the client/applicant's home or at a mutually acceptable location

(c) Within 5 days of the date of the informal meeting, the case manager supervisor shall inform the client/applicant in writing:

(1) of the decision reached on the issues raised at the meeting; and

(2) that the client/applicant may request in writing, an agency review to the AAA's executive director or designee within 18 days of the date of the decision.

### **3006.2 STEP 2: AGENCY REVIEW**

(a) The AAA review process begins when a client/applicant, within 18 days of the date of the decision, requests an agency review, following Step One. The AAA director or designee will conduct the Agency Review. The client/applicant, the client/applicant's representative (if one is selected), and the case manager or the case manager's supervisor shall attend the review. The Agency Review may take place at either the AAA or at the client/applicant's home or at a mutually acceptable location.

(b) The client/applicant will be given the opportunity to testify, present supporting materials, explain the client/applicant's reasons for disagreement with the action or decision, and present an appropriate alternative. The case manager or the case manager supervisor may testify and explain the reasons for the decision or action taken.

(c) Following the review, the executive director or the designee conducting the review shall consider the comments of the client/applicant, the client/applicant's representative or the client/applicant's advocate (if any), and the case manager, or the case manager's supervisor.

(d) Within 5 days, the AAA's executive director or designee shall prepare the AAA's final decision in writing that will include findings of fact and the specific reason for the decision. The decision shall inform the client/applicant of the client/applicant's right to have an administrative hearing under Step 3 if the client/applicant is dissatisfied with the AAA's final decision. The client/applicant and advocate, if any, shall each be sent a copy of the decision by registered or certified mail, return receipt requested.

### **3006.3 STEP 3: ADMINISTRATIVE HEARING**

(a) If a client/applicant is dissatisfied with the decision reached at the agency review, the client/applicant may appeal the decision by requesting an administrative hearing. The client/applicant or the client/applicant's representative shall make the request for an administrative hearing in writing to the Director of the BAIHS within 18 days of the date of the decision from the agency review. The request shall include a statement regarding the issues the client/applicant wishes reviewed and shall be signed and dated.

(b) Administrative hearings shall be conducted by an Administrative Law Judge (ALJ) or hearing officer appointed by the DDARS director. The ALJ shall, at least 5 days in advance of the hearing, notify all involved persons by registered or certified mail, return receipt requested, of the date, time, and location of the hearing. The AAA shall forward all written case documentation to the Administrative Law Judge prior to the hearing. The hearing will be conducted in accordance with Indiana Code 4-21.5.4.

(c) Testimony will be taken under oath or affirmation, and the proceedings will be tape recorded. The client/applicant, the client/applicant's advocate, any other witnesses that a party chooses to present, and the case manager or the case manager supervisor will each be given an opportunity to place written material into evidence, present additional written or oral statements, and ask questions of any party. If the client/applicant wishes to have a transcript of the hearing, DDARS will transcribe the tape at the client/applicant's expense.

(d) DDARS may waive this cost in exceptional circumstances. Immediately following the hearing but not later than 5 days, the Administrative Law Judge shall prepare the proposed decision that will include a report of the findings of fact and the reasons for the decision based on those findings of fact. This proposed decision shall be forwarded to the DDARS director.

(e) A copy of the proposed decision shall be sent to the AAA, the client/applicant, and the client/applicant's advocate, if any, by registered or certified mail, return receipt requested. The DDARS director shall affirm, modify, or dissolve the Administrative Law Judge's proposed decision. The AAA, the client/applicant, and the client/applicant's advocate shall be notified of the director's final order by registered or certified mail, return receipt requested.

(f) If a client/applicant appeals a decision that terminates any service that is already being provided, the service in question may continue until the appeal is resolved. However, services that would be harmful to the client/applicant or which violate state or federal law or regulations and internal policies of DDARS or the BAIHS, will not be continued during the appeal process.

#### **3006.4 ASSISTANCE AVAILABLE TO A CLIENT/APPLICANT DURING THE APPEAL PROCESS**

(a) A client/applicant may bring to the informal review, agency review, and administrative hearing, any person the client/applicant wishes to be present, including legal counsel. DDARS or the BAIHS shall not pay for legal counsel or for any other expenses incurred for a client/applicant during the Informal Review, Agency Review, the Administrative Hearing or any part of the appeal process.

(b) Upon request, interpreter services will be made available to assist the deaf or Non-English speaking persons, and reader services will be made available to assist the visually impaired. However, if the client/applicant requires these services for participation in the agency review or administrative hearing, the client/applicant shall discuss the arrangements with the case manager in enough time for the case manager to make the appropriate arrangements, before the scheduled AAA review. The AAA shall make every effort to provide these assistive services to the client/applicant.

#### **3006.5 REQUESTS FOR RECONSIDERATION AND APPEAL OF ADVERSE ACTION**

At any time during Step 1, Step 2 and Step 3, the request for reconsideration of an appeal of an adverse action may be made, by the client/applicant, in writing at the same time. If the reconsideration decision reverses the initial finding, the appeal request should be canceled. If the original determination is upheld, the client/applicant will decide whether to continue with the appeal request.

### **3007 RIGHTS OF CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR**

(a) A client/applicant has the right to appeal and request a fair hearing in accordance with the Medicaid Fair Hearing Process when the client/applicant disagrees with an IPAS and/or a PASRR finding (e.g., when placement in a nursing facility is determined to be inappropriate or the Medicaid per diem reimbursement is denied as a result of the IPAS/PASRR program).

(b) During the course of an appeal, a client/applicant has the right to request a reconsideration of an adverse decision if there is additional documentation pertinent to the reason for denial which was not initially presented.

#### **3007.1 PROCESS TO REQUEST RECONSIDERATION OF AN ADVERSE ACTION**

(a) For Pre-Admission Screening (PAS), the reconsideration request and submission of additional documentation is presented through the Indiana Pre-Admission Screening agency. The Indiana Pre-Admission Screening agency will resubmit the entire PAS case record to the state, enclosing and identifying the new documentation. The case record should be clearly marked as a "Request for PAS Determination Reconsideration."

(b) For Pre-Admission Screening Resident Review (PASRR), a similar process is followed. For Resident Review, the request and additional documentation is submitted via the local Community Mental Health Center.

#### **3007.2 APPEAL PROCEDURES FOR CLIENTS/APPLICANTS APPLYING FOR OR RECEIVING IPAS OR PASRR SERVICES**

(a) If the client/applicant wishes to appeal, a letter must be sent with the client/applicant's signature to:

Indiana Family and Social Services Administration  
Division of Family and Children  
Hearings and Appeals  
402 West Washington Street  
Room W-392  
Indianapolis, Indiana  
46204

(b) The letter must contain the client/applicant's address and telephone number. A copy of the decision or a written statement explaining the decision should be attached to the letter. If the client/applicant is unable to write the letter, the client/applicant may have someone assist in the request for an appeal.

(c) The client/applicant will be notified in writing by the Hearings and Appeals Office, of the date, time and place of the hearing. Prior to, or at the hearing, the client/applicant will have the right to examine the entire contents of the case record at the PAS agency.

(d) The client/applicant may represent themselves at the hearing or authorize a representative such as an attorney, a relative, a friend, or other spokesperson to do so.



At the hearing, the client/applicant will have full opportunity to bring witnesses, establish all pertinent facts, and circumstances, advance any arguments without interference, and question or refute any testimony or evidence presented.

(e) For additional information regarding rights for clients/applicants applying for or receiving IPAS services or PASRR services, refer to state form 707 (R4/4-94)/form 4B.

### **3007.3 APPEAL PROCEDURES FOR TITLE III SERVICE PROVIDERS**

(a) The AAA shall grant an opportunity for appeal to grantee or contractor when Older Americans Act funds are withdrawn or when a grant or contract is suspended or terminated prior to the end of an approved budget year.

(b) Each AAA shall have and implement written appeal procedures to resolve disputes with service providers. Written appeal procedures should be included in all service provider contracts with the AAA, by January, 2006.

(c) Written appeal procedures shall include the following:

(1) Notification of the appeal process included when the AAA takes adverse action against a service provider.

(2) Complete information regarding procedures for appeals at the state level.

### **3007.4 APPEAL PROCESS FOR SERVICE PROVIDERS**

Service Providers must complete the following steps before requesting an appeal of an adverse action at the state level:

#### **3007.4.1 THE THREE STEPS OF THE APPEAL PROCESS**

##### **STEP 1: INFORMAL REVIEW WITH THE AAA**

(a) The Service Provider must first discuss any questions, concerns or problems regarding an adverse action with a representative of the AAA. The Informal Review will take place at the AAA.

(b) The AAA representative shall prepare a written document for the Agency Review outlining the action being disputed and the data on which the action was based. A copy of this written document shall be made available to the service provider prior to the Agency Review.

(c) Within 5 days of the date of the Informal Review, the AAA representative shall provide the service provider a written notice of the decision reached on the issues raised at the Informal Review.

(d) The written notice shall be sent by certified mail, return receipt requested. The AAA representative must also inform the Service provider that an appeal of the decision made at the Informal Review may be submitted in writing to the executive director of the AAA.

## **STEP 2: AGENCY REVIEW**

(a) The Service Provider's request for an Agency Review of the AAA decision must be made in writing and submitted to the AAA, within 18 days of the date of the decision made at the Informal Review. The written request shall include a detailed explanation of the service provider's grievance.

(b) The executive director or designee is to conduct the AAA review at the AAA office.

(c) The AAA shall complete the following:

(1) schedule the Agency Review and notify the service provider of the date, time and location of the Agency Review, within 18 days of the receipt of the request for an Agency Review;

(2) prepare a written document for the Agency Review outlining the action being disputed and the data on which the action was based. A copy of this written document shall be made available to the service provider, at least 18 days prior to the Agency Review; and

(3) give the service provider the opportunity to testify, present supporting materials, explain the reason for the disagreement with the action or decision, and state what would be an acceptable alternative.

(d) Following the Agency Review, the Executive Director or Designee conducting the Agency Review will consider the comments and written documentation provided by the service provider.

(e) Within 5 days from date of the Agency Review, the executive director or designee will prepare and send a written notice of the final decision to the service provider. The written notice of the final decision will be sent to the service provider by certified mail, return receipt requested.

(f) The final decision will include the findings of fact, the specific reason for the decision, and information concerning the service provider's right to appeal the decision at the state level, if dissatisfied with the AAA's final decision.

## **STEP 3: APPEAL HEARINGS AT THE STATE LEVEL(DDARS)**

(a) If a service provider is dissatisfied with the decision reached at the agency review, the service provider may appeal the decision by requesting a hearing at the state level (DDARS).

(b) Before seeking an appeal at the state level (DDARS), the service provider must have adhered to and complied with the AAA's established policy and procedure on the appeal process for:

(1) service providers who are denied funding;

(2) service providers whose subgrant, contract, or agreement has been terminated; and

(3) other decisions that adversely affect a service provider.

(c) The service provider must make a written request for an appeal hearing to the Director of the BAIHS within 18 days of the date of the Agency Review final decision. The BAIHS Director shall transmit the appeal request to the DDARS Director in a timely manner.

(d) The request shall include a statement regarding the issues the service provider wishes to be reviewed and must be signed and dated by the service provider. Appeal Hearing requests shall be addressed to:

Director  
Bureau of Aging and In-Home Services  
402 W. Washington Street  
P.O. Box 7083 – MS21  
Indianapolis, Indiana  
46207-7083

(e) Appeal hearings will be conducted by an Administrative Law Judge (ALJ), designated by the Director of DDARS. The hearing procedures used by DDARS shall be held in accordance with Indiana Code 4-21.5.

## **AAAs APPEAL PROCESS**

Chart 44

Indiana Code, 4-21.5

Older Americans Act, Section 305(b)(5)(C)(i)

<b>Client/Applicant Appeal of an Adverse Action Taken by an AAA</b>	<b>Rights of Client/ Applicant Applying For or Receiving Pre- Admission Screening Services (IPAS) or Pre- Admission Screening and Resident Review Services (PASRR)</b>	<b>Service Provider Appeal of an Adverse Action Taken by an AAA</b>
1. If appropriately requested by the client/applicant, hold an Informal Review conducted by the Case Manager Supervisor at the AAA or the client's home or a mutually acceptable location. The Case Manager Supervisor issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about further appeal procedures.	1. The client/applicant shall submit a written request for an appeal reconsideration of an adverse action to the appropriate Pre-Admission Screening Agency.	1. If appropriately requested by an effected entity, hold an Informal Review conducted by a representative of the AAA. The AAA representative issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about further appeal procedures.
2. If appropriately requested by the client/applicant, hold an Agency Review, conducted by the AAA director or designee. The AAA director issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about appeal procedures.	2. If appropriately requested by the client/applicant, the State will conduct an appeal hearing.	2. If appropriately requested by an affected entity, hold an Agency Review, conducted by the AAA director or designee. The AAA director issues a written notice of the decision within 5 days of the Informal Review. The written notice details the final decision and contains information about appeal procedures.
3. If appropriately requested by the client/ applicant, the DDARS will hold an Administrative Hearing with an Administrative Law Judge (ALJ) assigned by the DDARS Director.		3. If appropriately requested by an affected entity, DDARS will hold an Administrative Review with an Administrative Law Judge (ALJ) assigned by the DDARS Director.

## **More information can be found at the following:**

Code of Federal Regulations  
1300 -1399

Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE) –  
Guidelines and Procedures

Family and Social Services Administration Employee Orientation Manual

Governor's Commission on Home and Community Based Services Fact Book – April 24, 2003

Indiana Medicaid Home and Community-Based Waiver Services - A Guide for Consumers Third Edition,  
September, 2002

Indiana State Plan for Aging and In-Home Services- Fiscal Years 2000-2003

Older Americans Act of 1965, as amended in 2000

Statewide IN-Home Services 2002, Annual Report, July 1, 2001 – June 30, 2002

United State Code, 42 USC 3021 to 3700 - Public Health and Welfare

Indiana Administrative Code, 460 1-4

## **Websites**

Administration on Aging – <http://www.aoa.gov>

Access Indiana – <http://www.in.gov>

Indiana Association for Area Agencies on Aging – <http://www.IAAAA.org>

United States Postal Service – <http://www.usps.com>

For ordering federal publications and documents - GPO Access – <http://www.access.gpo.gov>